Howard

158th
Annual Report of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL
1971

OFFICERS AND STAFF

1972

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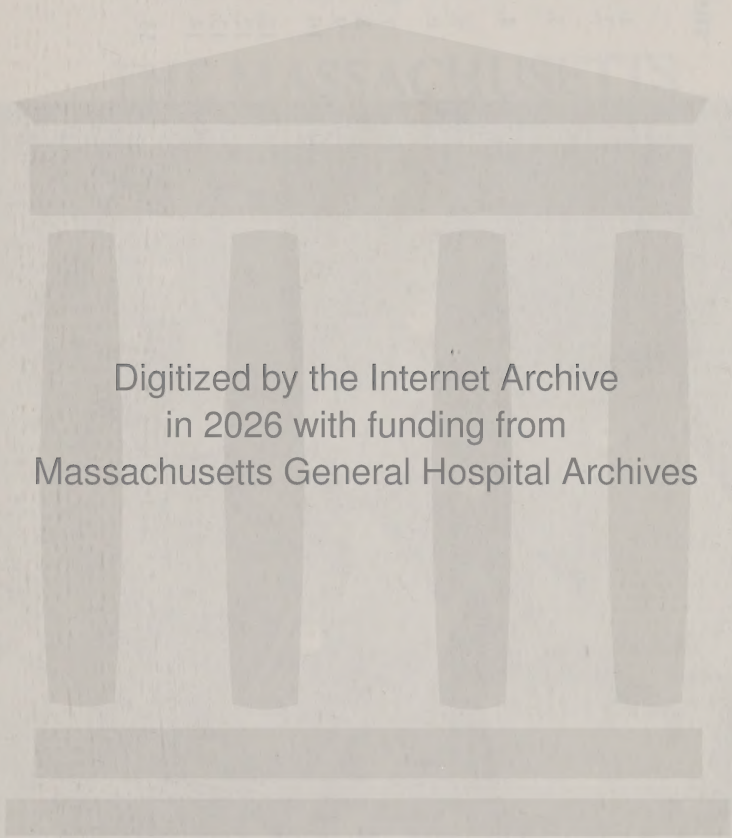
THE GENERAL HOSPITAL
Boston, Massachusetts

McLEAN HOSPITAL
Belmont, Massachusetts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THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Baker Memorial (1930)
8. Warren Building (1956)
9. Phillips House (1917)
10. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
11. Clinics Building (1903)
12. Walcott House (1913)
13. Moseley Building (1916)
14. George Robert White Building (1939)
15. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Fifty-eighth Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

1971

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1972

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BOSTON, MASSACHUSETTS

General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accommodations; **The Burnham Memorial for Children**; and the **Phillips House**, the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street. Entrances to the Gray Building are on Blossom Street. The Phillips House and Warren Building entrances are on Charles Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is the Psychiatric Division of the MGH, and the **Vincent Memorial Hospital** is the MGH's Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Clinics* of the MGH are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the MGH devoted to the medical care of Charlestown residents.

Chelsea Child Health Center is a division of the MGH providing health services to the children and youth of Chelsea.

The MGH is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

- A member of United Community Services of Metropolitan Boston
- A member of the American Hospital Association
- Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
- Approved by the American Medical Association for Residencies and Internships

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Organ Transplantation:	Ronald Malt, M.D. Paul S. Russell, M.D.
Orthopedic Surgery:	Robert Boyd, M.D. Hugh P. Chandler, M.D. Edwin T. Wyman, Jr., M.D.

Plastic Surgery:	Bradford Cannon, M.D. John Constable, M.D. John Remensnyder, M.D.
Psychiatry:	Leon Eisenberg, M.D. Norman Bernstein, M.D. John Lamont, M.D. George Rever, M.D. William Sack, M.D.
Psychology:	C. Keith Connors, Ph.D. Alvin J. Simmons, Ph.D.
Radiation Therapy:	Melvin Tefft, M.D.
Radiology:	Alfred L. Weber, M.D.
Urologic Surgery:	George R. Prout, Jr., M.D. Wyland F. Leadbetter, M.D.

Consultants in Pediatrics

William Berenberg, M.D. Alexander S. Nadas, M.D.
Alfred Yankauer, M.D.

Consultant in Psychology

Jerome Kagan, Ph.D.

Consultant in Chemical Engineering

Edward W. Merrill, D.Sc.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services

W. Gerald Austen, M.D.

Senior Consulting Staff

Roy E. Mabrey, M.D.
Oliver Cope, M.D.
Robert R. Linton, M.D.
Marshall K. Bartlett, M.D.
E. Parker Hayden, M.D.
James C. White, M.D.
Claude E. Welch, M.D.

Visiting Surgeons

John F. Burke, M.D.
Bradford Cannon, M.D.
Gordon A. Donaldson, M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
Francis M. Ingersoll, M.D.
Ronald A. Malt, M.D.
George L. Nardi, M.D.
John W. Raker, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Frank C. Wheelock, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
Mortimer J. Buckley, M.D.
John D. Constable, M.D.
R. Clement Darling, M.D.
Thomas H. Green, Jr., M.D.
Charles E. Huggins, M.D.
William C. Quinby, Jr., M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Edwin L. Carter, M.D.
Willard M. Daggett, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Arthur L. Herbst, M.D.
Ashby C. Moncure, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
John P. Remensnyder, M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistants in Surgery

William M. Abbott, M.D.
Ann B. Barnes, M.D.
David S. Chapin, M.D.
Joseph M. Civetta, M.D.
Robert J. Corry, M.D.
Thomas S. Durant, M.D.
Josef E. Fischer, M.D.
Samuel H. Kim, M.D.
Michael N. Margolies, M.D.
Andrew L. Warshaw, M.D.
LeRoy S. Wirthlin, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.

William K. McClelland, M.D.
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Ronald M. Weintraub, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Joseph R. Barrie, M.D.
Martin J. Bellinger, M.D.
Samuel M. Berger, M.B., Ch.B.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
Dexter W. Lawson, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.

Associate Biologist
Leona Zacharias, Ph.D.

Assistant Biologist
Daniel F. Malamud, Ph.D.

Associate Immunologist
Henry J. Winn, Ph.D.

Assistant in Immunology
Janet M. Plate, Ph.D.

Assistant Biochemists

James W. Drysdale, Ph.D.
David A. Swann, Ph.D.

Assistant in Biochemistry
Ajit Kumar, Ph.D.

Consultant to Surgical Service
Charles C. Lund, M.D.

Consultant in Plastic Surgery
Joseph E. Murray, M.D.

GYNECOLOGY

Chief of Service
Howard Ulfelder, M.D.

Staff Shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service
William H. Sweet, M.D., D.Sc.

Senior Consulting Staff
Hannibal Hamlin, M.D.
Jost J. Michelsen, M.D.

Visiting Neurosurgeon
H. Thomas Ballantine, Jr., M.D.

Associate Visiting Neurosurgeons
Raymond N. Kjellberg, M.D.
Robert G. Ojemann, M.D.

Assistants in Neurosurgery
Edward P. Baker, Jr., M.D.
James G. Wepsic, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Neurophysiologist in Neurosurgery
Daniel A. Pollen, M.D.

Assistant Neurophysiologist in Neurosurgery
Richard H. Masland, Ph.D.

Clinical Associates in Neurosurgery
Robert C. Cantu, M.D.
Edwin G. Fischer, M.D.
Paul L. Kornblith, M.D.
Vernon H. Mark, M.D.
Nicholas T. Zervas, M.D.

Clinical Assistant in Neurosurgery
Harold A. Wilkinson, M.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, Ph.D.

Assistant Chemist in Neurosurgery
Donald J. Hnatowich, Ph.D.

Assistant Immunochemist in Neurosurgery
F. Curtis Dohan, Jr., M.D.

Assistant Cytogeneticist in Neurosurgery
Lawrence Razavi, M.B.B.S.

Consultant in Biophysics
Eugene Bell, M.Sc., Ph.D.

Consultant in Mathematics
Joseph H. Taylor, M.D.

ORTHOPEDIC SURGERY

Chief of Service
Henry J. Mankin, M.D.

Senior Consulting Staff
Robert J. Joplin, M.D.

Visiting Orthopedic Surgeons
Otto E. Aufranc, M.D.
Thornton Brown, M.D.
William H. Harris, M.D.
Eugene E. Record, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons
Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons
Robert J. Boyd, M.D.
William L. Kermond, M.D.
William R. MacAusland, Jr., M.D.
Edward A. Nalebuff, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopedic Surgery
Joseph S. Barr, Jr., M.D.
Robert B. Brendze, M.D.
Hugh P. Chandler, M.D.
James I. Huddleston, M.D.
Roderick H. Turner, M.D.

Clinical Associate in Orthopedic Surgery
Thomas F. Broderick, Jr., M.D.

Chief of the Department of Podiatry
John D. McLean, D.S.C.

Assistant Podiatrists
Edward R. Bloom, D.S.C.
Thomas F. Connolly, D.S.C.
Donald D. Donovan, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistants to the Orthopedic Outpatient Department
James S. Hewson, M.D.
Philip I. Salib, M.D.

Consultant in Oral Biology
Philip T. Levine, D.M.D.

Consultants in Engineering Science
Robert W. Mann, Sc.D.
Igor L. Paul, Sc.D.

UROLOGY

Chief of Service
George R. Prout, Jr., M.D.

Senior Consulting Staff
Saul M. Marcus, M.D.

Consulting Visiting Urologist
Sylvester B. Kelley, M.D.

Visiting Urologists
Walter S. Kerr, Jr., M.D.
Wyland F. Leadbetter, M.D.
*Howard I. Suby, M.D.

Assistant Urologists
Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology
Stephen P. Dretler, M.D.
William L. Strickler, M.D.
Hugh H. Young, II, M.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service
Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons
Richard L. Miner, D.D.S.
Earle H. Rosenberg, D.M.D.
Morton J. Olin, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons
Barry J. Agranat, D.M.D.
Robert C. Lincoln, D.M.D.
Henry D. Howe, D.M.D.
Donald B. Rae, D.D.S.
Peter G. Kimball, D.M.D.
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons
R. Bruce Donoff, D.M.D.
Robert E. Evans, D.M.D.
Zygmunt W. Pozatek, D.M.D.

Assistants in Oral Surgeon
Myron Allukian, Jr., D.D.S.
Gary S. Goldstein, D.M.D.

*On Leave of Absence

Clinical Associates in Oral Surgery

Herman DeWilde, D.M.D.
Daniel J. Holland, Jr., D.M.D.
Terrence D. Hoover, D.M.D.
George M. Noss, D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistants in Oral Surgery

Richard S. Hymoff, D.M.D.
Norbert J. Shay, D.M.D.

DEPARTMENTS

PATHOLOGY

Chief of Department

Benjamin Castleman, M.D.

Pathologists

Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists

Leonard Atkins, M.D.
Sanford I. Roth, M.D.
James B. Caulfield, M.D.
Stephen M. Shea, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists

Harold F. Dvorak, M.D.
Max L. Goodman, M.D.
Kilmer S. McCully, M.D.

Assistants in Pathology

James J. Galdabini, M.D.
Albert R. Keller, M.D.
Gerald Nash, M.D.

Clinical Associates in Pathology

Robert Fienberg, M.D.
Joel Umlas, M.D.

Clinical Assistants in Pathology

Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists

Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists

Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biologists

Paul F.A. Maderson, Ph.D.
Barbara H. Sanford, Ph.D.

Assistants in Biology

Stephen W. Downing, Ph.D.
W. Allen Shannon, Jr., Ph.D.

Assistant Biochemist

Michael J. Lee, Ph.D.

Consultant in Pathology

Walter G.J. Putschar, M.D.

ANESTHESIA

Chief of Department
Richard J. Kitz, M.D.

Anesthetists
Phillips Hallowell, M.D.
Myron B. Laver M.D.
Edward Lowenstein, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists
George E. Battit, M.D.
John M.R. Bruner, M.D.
Brian C. Dalton, L.R.C.P.I.
John W.D. Garrett, M.D.
Bennie Geffin, M.B., Ch. B.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
John F. Ryan, M.D.

Assistant Anesthetists
David J. Cullen, M.D.
Suzanne J. Lamdin, M.D.
Alix Mathieu, M.D.
John D. Murphy, M.D.
Michael C. Sheskey, M.D.
Sarita G. Walzer, M.D.
Roger S. Wilson, M.D.

Assistants in Anesthesia
Joseph C. Gabel, M.D.
Nishan G. Goudsouzian, M.B., B.Ch.
Bernard R. Hand, M.D.
Nancy J. McCullough, M.D.
Daniel M. Philbin, M.D.
John J. Savarese, M.D.

Psychologist
Gene M. Smith, Ph.D.

Assistant Biomedical Engineer
Jozef K. Cywinski, Ph.D.

Assistant in Pharmacology
Keith W. Miller, D. Phil.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist
Herman M. Kalckar, M.D., Ph.D.

Associate Biochemist
Roberta F. Colman, Ph.D.

Assistant Biochemist
Winfried Boos, Ph.D.

Assistants in Biochemistry
Eleanor B. McGowan, Ph.D.
Jessica E. Reimann, Ph.D.

Visiting Biochemist
Dimitri Stathakos, Ph.D.

BACTERIOLOGY

Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists
Theodore F. Medrek, Ph.D. Barbara K. Watson, Ph.D.

CLINICAL CHEMISTRY LABORATORIES

Chief
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

DEPARTMENT OF RADIATION MEDICINE

Chief of Department
Herman D. Suit, M.D.

Radiation Therapists
Milford D. Schulz, M.D. Chiu-chen Wang, M.D.

Associate Radiation Therapist
Melvin Tefft, M.D.

Assistant in Radiation Medicine
Jack E. Meyer, M.D.

Assistant Physicist
Arthur L. Boyer, Ph.D.

Assistant in Physics
Miriam M. Gitterman, M.S.

Assistant Biologist
Jan Vaage, Ph.D.

Assistant in Biology
Robert S. Sedlacek, M.S.

RADIOLOGY

Chief of Department

Juan Taveras, M.D.

Visting Radiologists

Lucy F. Squire, M.D.
Stanley M. Wyman, M.D.

Radiologists

Stanley Baum, M.D.
Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
J. Malcolm McNeill, M.D.
Paul F. J. New, M.D.
Henry P. Pendergrass, M.D.
Majic S. Potsaid, M.D.
Laurence L. Robbins, M.D.
Alfred L. Weber, M.D.

Associate Radiologists

Joseph T. Ferrucci, Jr., M.D.
Richard E. Land, M.D.
K. Jack Momose, M.D.
Richard C. Pfister, M.D.
Frederick S. Tomchik, M.D.

Assistant Radiologists

Christos A. Athanasoulis, M.D.
Stanley B. Eaton, M.D.
Reginald E. Greene, M.D.
Gerald M. Kolodny, M.D.
Glenn H. Roberson, M.D.
James W. Wallace, M.D.
David F. Walther, M.D.

Assistants in Radiology

Carlos J. Alvarado, M.D.
Salvatore A. DeLuca, M.D.
Geun C. Jang, M.D.
James E. Washington, Jr., M.D.

Clinical Associates in Radiology

Roger A. Bauman, M.D.
Joseph Hanelin, M.D.
Murray L. Janower, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.

Clinical Assistants in Radiology

Karl T. Benedict, M.D.
Michael A. Glueck, M.D.
Randall E. Johnson, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.
Thomas E. Shea, M.D.
Arthur C. Waltman, M.D.
Milton A. Weiner, M.D.
Alan F. White, M.D.
Robert C. Williams, M.D.

Physicist

Edward W. Webster, Ph.D.

Assistant Physicist

Frank P. Castronovo, Jr., Ph. D.

Engineer

Malcolm Mackay

Consultants in Radiology

Henry I. Kohn, Ph.D., M.D.
John B. Little, M.D.
Edward B.D. Neuhauser, M.D.
Richard Schatzki, M.D.
Melvin Tefft, M.D.

Consultant in Physics

Robley D. Evans, Ph.D.

DEPARTMENT OF REHABILITATION MEDICINE

Chief

Donald S. Pierce, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Clinical Director

Charles E. Huggins, M.D.

Clinical Consultants

John P. Remensnyder, M.D.
John T. Truman, M.D.

HOUSE STAFF

Residents and Interns
As of January 1, 1972

MEDICINE

Chief Resident: Gilbert H. Daniels, M.D.

Residents:

William J. C. Amend, Jr., M.D.
Lionel G. Bercovitch, M.D.
Stephen C. Lowder, M.D.
Dennis G. Maki, M.D.
Edward M. Sellers, M.D.
Nina E. Tolkoff, M.D.
Richard M. Weinshilboum, M.D.
Richard N. Winickoff, M.D.
Clifford W. Zwillich, M.D.

Assistant Residents:

Robert C. Aber, M.D.
Lynn J. Bennion, M.D.
Devron H. Char, M.D.
Philip Cohen, M.D.
Richard I. Fisher, M.D.
Mark H. Greene, M.D.
Stephen B. Howell, M.D.
Hayden L. Klaeveman, M.D.
Henry M. Kronenberg, M.D.
Lawrence E. Mallette, M.D.
William L. McGuffin, Jr., M.D.
Thomas G. Murray, M.D.
Allen A. Nimetz, M.D.
Leslie R. Pyenson, M.D.
William B. Ricks, M.D.
Paul C. Simpson, Jr., M.D.
Nancy W. Stead, M.D.
Rose M. Stevens, M.D.

Interns:

Dennis A. Ausiello, M.D.
Edward W. Bough, M.D.
Arthur E. Broadus, M.D.
Enser W. Cole, III, M.D.
John G. Curd, M.D.
Lawrence J. Eron, M.D.
Mark R. Goldman, M.D.
Peter R. Graze, M.D.
Ormand L. Haynes, M.D.
Charles M. Helms, M.D.
Richard J. Hodes, M.D.
Martin W. Oster, M.D.
Eugene R. Passamani, M.D.
Kent E. Rogers, M.D.
Eve E. Slater, M.D.
Allen M. Spiegel, M.D.
Lola S. Steinbaum, M.D.
Neal S. Young, M.D.

DERMATOLOGY

Chief Resident: John A. Parrish, M.D.

Assistant Residents:

Carlton S. Brownstein, M.D.
Richard L. Edelson, M.D.
Ernesto Gonzalez, M.D.
Michael A. Greenwald, M.D.
Terry P. Hadley, M.D.
Michael T. Jarratt, M.D.
Steven L. Karassik, M.D.
M. Felix Onwukwe, M.B., B.S.
Michael M. Pugliese, M.D.

NEUROLOGY

Chief Resident: James Schnur, M.D.

Assistant Residents:

Frank H. Anderson, M.D.
Amrik S. Chattha, M.D.
Patsy B. Cipolloni, M.D.
Gary W. Duncan, M.D.
H. Harris Funkenstein, M.D.
John H. Growdon, M.D.
Melvyn L. Haas, M.D.
Ronald M. Kobayashi, M.D.
K.S. Krishnamoorthy, M.D.
Richard J. Lederman, M.D.
David N. Levine, M.D.
Robert A. Levine, M.D.
Andre E. Merminod, M.D.
Daniel H. O'Leary, M.D.
Stephen W. Parker, M.D.
Charles R. Plank, M.D.
David P. Richman, M.D.
Robert M. Stewart, M.D.

PSYCHIATRY

Assistant Residents:

Robert S. Abernethy, M.D.
James C. Ballenger, M.D.
Marvin M. Brode, M.D.
Henry E. Butler, M.D.
Louise A. Dierker, M.D.
Felton J. Earls, III, M.D.
Robert W. Ferrell, Jr., M.D.
Curt R. Freed, M.D.
John D. Gambill, M.D.
Ira Lable, M.D.
Gerald K. Lazar, M.D.
Robert J. Mignone, M.D.
J. Patrick O'Brien, M.D.
Frederic E. Oder, M.D.
John E. O'Malley, M.D.
Darrel A. Regier, M.D.
Thomas D. Stewart, M.D.
Richard B. Stifler, M.D.
Owen S. Surman, M.D.
Kenneth J. Tardiff, M.D.
Albert V. Vogel, M.D.
Harold W. Ward, Jr., M.D.

Sidney Zisook, M.D.

CHILDREN'S

Chief Resident: Herbert O. Mathewson, M.D.

Residents:

Barry B. Bercu, M.D.
Paula M. Botstein, M.D.
Frederick C. Holmes, M.D.
Constance H. Keefer, M.D.
Fergus M.B. Moylan, M.B., B.Ch.
Joseph D. Pierson, M.D.
Elizabeth W. Ridgway, M.D.
Surendra K. Varma, M.D.

First Assistant Residents:

Carlos C. Campbell, M.D.
John M. Dorman, M.D.
Samuel A. Fagenholz, M.D.
Gretchen B. Kronenberg, M.D.
Michael J. MacDonald, M.D.
Walter L. Miller, M.D.
David C. Osler, M.D.
Lynn Wallace, M.D.

Interns:

Lucienne A. Cahen, M.D.
Suzanne D. Dixon, M.D.
Michael F. Epstein, M.D.
Martin T. Fosburg, M.D.
David A. Link, M.D.
Janice E. Milligan, M.D.
Susan P. Pauker, M.D.
Mary D. Scott, M.D.

Francis J. Twarog, M.D.

SURGERY

Chief Residents:

Joel D. Cooper, M.D.
Frederick J. Finseth, M.D.
Michael T. McEnany, M.D.
Richard S. Myers, M.D.

First Assistant Residents:

Max H. Cohen, M.D.
Joe M. Craver, M.D.
Anthony L. Imbembo, M.D.
Barry D. Kahan, M.D.
Bruce A. MacDougal, M.D.
Charles G. Mixter, M.D.
Thomas J. VanderSalm, M.D.
John R. Wesley, M.D.
Willis H. Williams, M.D.

Second Assistant Residents:

Ronald M. Abel, M.D.
Nile L. Albright, M.D.
Kenneth G. Barron, M.D.
David C. Brewster, M.D.
Alfred M. Cohen, M.D.
Delos M. Cosgrove, III, M.D.
Bruce St. J. Cutler, M.D.
Joel J. Feldman, M.D.
James W. May, Jr., M.D.
Robert C. McGann, M.D.
Lawrence J. Mills, M.D.
Joel M. Noe, M.D.
John A. Ryan, Jr., M.D.
Samuel L. Selinger, M.D.
Robert E. Sloane, M.D.
Robert W. Sloane, M.D.
Everette V. Sugarbaker, M.D.
Joshua J. Tofield, M.D.
Alain L. Traig, M.D.
William C. Wood, M.D.

Third Assistant Residents:

Cary W. Akins, M.D.
Peter M. Black, M.D.
Douglas Bunting, III, M.D.
Woodward Cannon, M.D.
Herbert C. Hoover, Jr., M.D.
Michael M. Lieber, M.D.
Michael L. Meistrell, M.D.
Edward M. Mullin, M.D.
Donald O. Quest, M.D.
John H. Raaf, M.D.
Andrew P. Saunders, M.D.

Interns:

William P. Adams, M.D.
Leslie D. Cahan, M.D.
George J. Dohrmann, M.D.
Magruder C. Donaldson, M.D.
Arlan F. Fuller, M.D.
Robert D. Gordon, M.D.
Robert A. Guyton, M.D.
John C. Hawk, M.D.
Nevin M. Katz, M.D.
Richard B. Lewis, M.D.
Bruce W. Lytle, M.D.
Patrick J. O'Hara, M.D.
Francis B. Pease, M.D.
Peter T. Scardino, M.D.

NEUROSURGERY

Chief Resident: Henry H. Schmidek, M.D.

Assistant Residents:

Paul H. Chapman, M.D.
Robert M. Crowell, M.D.
Ronald W. Hurt, M.D.
George E. Mendelsohn, M.D.
Kenneth H. Ott, M.D.
Charles E. Poletti, M.D.
R. Michael Scott, M.D.
Manit Sujatanond, M.D.
Edward C. Tarlov, M.D.

ORTHOPEDIC SURGERY

Chief Residents:

John P. Barrett, Jr., M.D.
Frederic W. Bost, M.D.

Residents:

Joel M. Kanter, M.D.
Charles R. McCrae, M.D.
Kenneth M. Singer, M.D.

Assistant Residents:

St. George T. Aufranc, M.D.
Dickie B. Dickson, M.D.
Robert C. George, M.D.
Edward A. Heyes, M.D.
John J. Lavorgna, M.D.
Angelo J. Lopano, M.D.
Harry M.P. Love, M.D.
Raymond T. Morrissy, M.D.
Sheldon R. Simon, M.D.
Morris H. Susman, M.D.
Ralph C. Sweetland, M.D.
James P. Tasto, M.D.
Milton C. Vaughan, M.D.
Bruce A. Waxman, M.D.
Bertram Zarins, M.D.

UROLOGY

Chief Resident:

David L. McCullough, M.D.

First Assistant Residents:

Estill L. Caudill, III, M.D.
Alexander D. Limkakeng, M.D.
Anthony W. Middleton, Jr., M.D.
Frank P. Morse, M.D.

Second Assistant Residents:

Alex F. Althausen, M.D.
Robert J. Irwin, Jr., M.D.

ORAL SURGERY

Residents:

Leonard B. Kaban, D.M.D.
Edward B. Seldin, D.M.D.

Assistant Residents:

Robert M. Gracia, D.M.D.
Hugh D. Ogus, B.D.S.

Interns:

John P.W. Kelly, D.M.D.
Harry C. Schwartz, D.M.D.

PATHOLOGY

Resident:

Eugene J. Mark, M.D.

Second Assistant Residents:

Thomas M. Chesney, M.D.
Keith H. Chiappa, M.D.
Philip B. Clement, M.D.
William J. Cornetta, III, M.D.
Vera C. Hyman, M.D.
Lawrence J. Minette, M.D.
Karl H. Proppe, M.D.
Bruce D. Ragsdale, M.D.
Wanda M. Szyfelbein, M.D.

Third Assistant Residents:

Edwin N. Beckman, M.D.
Ann D. McFarlane, M.D.
Jeffrey S. Ross, M.D.
Daniel A. Symonds, M.D.

Interns:

Jay G. DuBois, M.D.
Phillip I. Lynch, M.D.
Mark A. Weiss, M.D.

ANESTHESIA

Chief Resident: William D. Owens, M.D.

Assistant Residents:

Saliem M. Abrahams, M.B., Ch.B.
Edward A. Beierholm, M.D.
Ronald E. Brons, M.D.
Fred G. Davis, M.D.
Daniel F. Dedrick, M.D.
Maria DosSantos, M.D.
John V. Donlon, Jr., M.D.
Alison B. Froese, M.D.
D. David Glass, M.D.
Harry K. Jeroy, M.D.
Hilary M. Johnston, M.B., B.Ch.
Kenneth R. Haslam, M.D.
Ching-Muh Lee, M.D.
William A. Lell, M.D.
Astrid E. Liland, M.D.
Robert F. Littlehale, M.D.
Michael C. Long, M.D.
Rommel G. Lozada, M.D.
Eduardo Mancini, M.D.
Daniel L. Nozik, D.D.S.
Guntupalli Prasad Rao, M.B.B.S.
Michael A. Rie, M.D.
Lamar W. Riggs, M.D.
James T. Roberts, M.D.
Robert C. Schneider, M.D.
Stephen J. Thomas, M.D.
Frank A. Takacs, M.D.
Alan S. Tonnesen, M.D.
Lawrence F. Velho, M.D.
Joachim W. VonPohl, M.D.
Howard D. Wulfson, M.D.
Hideyasu Yoshikawa, M.D.
Chang Ho Youn, M.D.
Thomas K. Young, M.D.
Warren M. Zapol, M.D.
Frank G. Zavisca, M.D.

RADIATION MEDICINE

Second Assistant Residents:

Susan W. Pitman, M.D.
Warren Sewall, M.D.

Third Assistant Resident: Vincent S-T Cheng, M.D.

RADIOLOGY

Chief Resident: Jeffrey H. Newhouse, M.D.

Residents:

Spencer Borden, M.D.
W. Robert Courey, M.D.
Lawrence M. Kotner, M.D.
George S. Langston, M.D.
Richard W. Livesay, M.D.
John D. Osmond, M.D.
Robert Ring, M.D.
Jeffrey Rudnick, M.D.
Edward R. Sun, M.D.
John H. Sutphen, M.D.
Larry H. Westerfield, M.D.

First Assistant Residents:

Jason C. Birnholz, M.D.
Ronald E. DeCesare, M.D.
Stephen W. Miller, M.D.
Hartley S. Neel, M.D.
Robert A. Novelline, M.D.
Ernest J. Ring, M.D.
David J. Rushforth, M.D.
Jack B. Sewell, M.D.

Second Assistant Residents:

Ronald L. Arenson, M.D.
Daniel I. Becker, M.D.
Gerald R. Berg, M.D.
Robert E. Boyd, III, M.D.
Robert H. Jaros, M.D.
Arthur K. Patterson, M.D.
Stuart H. Shapiro, M.D.
Vincent R. Sites, M.D.

Third Assistant Residents:

Lawrence B. Stone, M.D.
Francis J. Sullivan, M.D.

CLINICAL AND RESEARCH FELLOWS

MEDICINE

Visiting Fellows:

Annette A. Herscovics, Ph.D.
Horacio R.C. Menano, M.D.

Fellows:

Qais S. Al Awqati, M.B., Ch.B.
Nathaniel M. Alpert, Ph.D.
Lloyd Axelrod, M.D.
Joseph D. Babb, M.D.
Andranik Bagdasarian, Ph.D.
John B. Baillieul, M.S.
Ann S. Baker, M.D.
Robert J. Baker, Ph.D.
Graham S. Bell, Ph.D.
Webb E. Braselton, Jr., Ph.D.
Norman M. Bress, M.D.
Peter M. Burckhardt, M.D.
James A. Burton, Ph.D.
John R. Burton, M.D.
Angelina C. Carvalho, M.D.
William C-Y Cheng, Ph.D.
David A. Chesler, Sc.D.
Carolyn M. Chesney, M.D.
Mary B. Clark, Ph.D.
Philip T. Cole, M.D.
Neil A. Crane, M.D.
Malcolm M. Cronlund, Ph.D.
Betty A. Davidson, Ph.D.
Leonard J. Deftos, M.D.
John D. Dougherty, M.D.
Ronald D. Emkey, M.D.
Lawrence M. Epstein, M.D.
Jack E. Farnham, M.D.
Robert R. Fenichel, Ph.D.
Aura G. Flores, M.D.
Jorge Flores-Calle, M.D.
Henry C. Ford, Ph.D.
James R. Foster, M.D.
Charles K.A. Francis, M.D.
Walter A. Franck, M.D.
John E. Franklin, Jr., M.D.
Kevin J. Fraser, M.B., B.S.
Norberto S. Frega, M.D.
Alan A. Gamble, Ph.D.
Rebecca C. Garland, Ph. D.
M.A. Ghalambor, Ph.D.
Robert C. Gibson, M.D.
Maury A. Goldman, M.D.
David Goltzman, M.D.
Alfred C. Greenquist, Ph.D.
Ernest V. Groman, Ph.D.
Timothy E. Guiney, M.D.
Joel F. Habener, M.D.
Charles A. Hales, M.D.
Victor B. Hatcher, Ph.D.
Edward P. Hoffer, M.D.
Esperanza A. Icasas-Cabral, M.D.
Robert A. Johnson, M.D.
Robert E. Kahn, M.D.
David J. Kanarek, M.B., B.Ch.
Carol A. Kandall, Ph.D.
Henry T. Keutmann, M.D.
Nancy H. Kolodny, Ph.D.
Yukiko Konami, S.M.
Biswajit Lahiri, Ph.D.
John T. LaMont, M.D.
Allen Lapey, M.D.
Michael Lawrence, M.D.
John Lazarchick, M.D.
Loretta D. Lee, Ph.D.
Robert J. Lefkowitz, M.D.
Thomas F. Linsenmayer, Ph.D.
Carlos A. Marcilio, M.D.
John D. Mull, M.D.
Brian W. Murray, Ph.D.
Nasir-Ud-Din, Ph.D.
Joseph T. Neary, Ph.D.
Hugh D. Niall, M.D.
Daniel W. Nixon, M.D.
Donald S. O'Hara, Ph.D.
John L. Ohman, Jr., M.D.
Normand E. Olivier, M.D.
Asli Ozer, Ph.D.
Stephen G. Pauker, M.D.
Joseph L. Perrotto, M.D.
James I. Peters, Jr., M.D.
Stephen M. Pizer, Ph.D.
Gerald M. Pohost, M.D.
John D. Pool, M.D.
Knud Poulsen, M.D.
David A. Powell, M.B., B.Ch.
Max R. Proffitt, Ph.D.
Peter R. Raggatt, Ph.D.
Emilio Ramos, M.D.
Eliezer Rapaport, Ph.D.

Richard N. Re, M.D.
Vernon N. Reinhold, Ph.D.
Eli C. Ridgway, III, M.D.
John L. Roglieri, M.D.
Burton D. Rose, M.D.
Leonard J. Rosenthal, Ph.D.
Philippe R. Roussel, M.D.
Joel J. Rubenstein, M.D.
Robert H. Rubin, M.D.
Salvatore Ruggieri, M.D.
Gunter Schwarzmann, Ph.D.
Gino V. Segre, M.D.
Richard Selden, M.D.
David A. Shafritz, M.D.
Jay B. Shumaker, M.D.
Frederick R. Singer, M.D.
Jeroham Singer, Ph.D.
Laurence J. Sloss, M.D.
Robert S. Smith, M.D.
Thomas C. Smitherman, M.D.
Daniel E. Souder, M.D.
Samuel V. Spagnolo, M.D.
Arthur D. Strosberg, Ph.D.
Janet Thorndike, Ph.D.
Jan S. Tkacz, Ph.D.
Bryan P. Toole, Ph.D.
Geoffrey W. Tregear, Ph.D.
J. Van Rietschoten, Ph.D.
Luis C. Villalba-Pimentel, M.D.
Robert A. Wainer, M.D.
Evelyn Walker, Ph.D.
William A. Walker, M.D.
Jerieta Waltin, M.B.B.S.
Christopher D. Warren, Ph.D.
Allan J. Weinstein, M.D.
Gordon C. Weir, M.D.
Myron L. Weisfeldt, M.D.
Beverly J. Williams, M.D.
Ferdinand Wirtz-Peitz, Ph.D.
Jens K. Wold, Ph.D.
Mitsuo Yano, M.D.
Michael B. Zach, M.D.

DERMATOLOGY

Visiting Fellow:

Hiroshi Sugano, Ph.D.

Fellows:

Peter G. Burk, M.D.
Paul H. Dugard, B.Sc.
Peter M. Elias, M.D.
Yoshimori Fujinuma, Ph.D.
Kowichi Jimbow, M.D.
Richard A. Johnson, M.D.
Malcolm M. Lane-Brown, M.B.B.S.
Merrill G. Liteplo, M.D.

NEUROLOGY

Robert H. Ackerman, M.D.
Keyvan Ansari, M.D.
Margaret L. Bauman, M.D.
Ewa E. Chelmicka, M.D.
Nicholas DeTribolet, M.D.
Z.V. Djordjevic, M.D.
Philippe P. Evrard, M.D.
Robert B. Friedman, Ph.D.
Thomas H. Glick, M.D.
Joseph Hanaway, M.D.
Montonori Hoshi, Ph.D.
Carlos S. Kase, M.D.
John P. Kistler, M.D.
Donald J. Kurtz, M.D.
Victor A. Levin, M.D.
Ira T. Lott, M.D.
Jim G. Norris, II, M.D.
Daniel H. O'Leary, M.D.
George Petrovich, Ph.D.
Mark M. Platt, M.D.
Srinivasa S. Raghavan, Ph.D.
Maria V. Salam, M.D.
Bhagwan T. Shahani, M.B.B.S.
Masoud Shahidi, M.D.
Mutsumi Sugita, B.E.
Antonio J. Vitug, M.D.
Roger S. Williams, M.D.

NEUROPATHOLOGY

Edward A. Arees, Ph.D.
Peter C. Johnson, M.D.

PEDIATRICS

Visiting Fellow:

Frederick Hecht, M.D.

Fellows:

Alia Y. Antoon, M.B., Ch.B.
Brian J. Coyne, Ph.D.
Marco Danon, M.D.
Luis F. Fajardo, M.D.
Urs J. Hanggi, Ph.D.
Alberto Hayek, M.D.
John T. Herrin, M.B., B.S.
Sonja E. Hicks, Ph.D.
Allen Lapey, M.D.
James A. Pollack, M.D.
Vincent M. Riccardi, M.D.
David S. Rosenblatt, M.D.
Hilda Tawil, M.D.
Ishwar C. Verma, M.B., B.S.
H. Ronald Zielke, Ph. D.

PSYCHIATRY

Visiting Fellow:

Janice R. Stevens, M.D.

Fellows:

Henry D. Abraham, M.D.
Anne W. Alonso, M.Ed.
David M. Bear, M.D.
Andrea W. Beall, M.A.
Katherine A. Blessing, M.A.
Maria J. Bustamante, M.A.
John T. Carr, M.D.
Nicholas A. Casaburi, M.D.
Edwin H. Cassem, M.D.
Carlos E. Climent, M.D.
Suzanne L. Cohen, M.Ed.
Ellen P. Daniels, M.Ed.
John S. DeVerter, M.D.
Jose-Luis Diaz, M.D.
Simon T. Eisen, M.B.B.S.
Paul L. Fair, Jr., M.A.
Samuel H. Fisk, M.B.A.
Matthew J. Friedman, M.D.
Arthur P. Froese, M.D.
Alan J. Gelenberg, M.D.
Jeffrey M. Gilbert, M.D.
Jane E. Harris, Ph.D.
Robert H. Hicks, Jr., M.D.
Nathanial R. Hollister, M.D.
Alan M. Jacobson, M.D.
Phyllis A. Kaplan, M.Ed.
Joseph F. Lipinski, M.D.
Priscilla C. Mason, M.A.
William J. McEntee, M.D.
Harvey A. P. Myers, M.D.
Michael H. Nelson, M.D.
Carlos A. Neu, M.D.
Steven L. Nickman, M.D.
Kenneth W. Nobel, M.D.
Lawrence W. Osborn, M.D.
Michael K. Popkin, M.D.
William G. Prescott, M.D.
Susan V. Quinby, Ph.D.
Howard P. Ramseur, M.A.
Takkallapelli D. Rao, M.B., B.S.
W. Kenner Rawdon, M.D.
Raymond C. Rosen, B.A.
Loren H. Roth, M.D.
Joel F. Rubinstein, M.D.
Janusz A. Rydzewski, M.D.
Betty-Jean H. Schnapp, M.Ed.
Mechthild G. Schulte, M.D.
Narendra C. Shah, M.B.B.S.
Verner Stillner, M.D.
Barry A. Sultanoff, M.D.
Eric A. Taylor, M.B., B.Chir.
William C. Torch, M.D.
Marcelo B. Trucco, M.D.
Ernesto Vasquez-Amory, M.D.
Harold R. Veits, M.D.
Melvin W. Williams, M.D.

SURGERY

Alexis G. Bello, M.D.
Alfred C. Berger, M.D.
Conrado C. Bondoc, M.D.
Bruce J. Brener, M.D.

Roger I. Dent, M.B., Ch.B.
Albert J. Erdmann, M.D.
Thomas C. Fuller, Ph.D.
Mordechai Gemer, M.D.
Michael A. Gimbrone, Jr., M.D.
Margaret B. Goldman, Ph.D.
James M. Hill, Ph.D.
Kyuya Ishibiki, M.D.
Somarie V. Jooste, M.Sc.
Sigurgeir Kjartansson, M.D.
Lucien M. Levy, Ph.D.
Masazumi Maeda, M.D.
Ian F.C. McKenzie, M.D.
Roger A. Nahas, M.B., B.Ch.
Anne W. Phillips, M.D.
Come Rousseau, M.D.
Hugh E. Scully, M.D.
Lorenzo C. Soler-Montesinos, M.D.
David R. Stewart, M.D.
Hidetsugu Tanae, M.D.
Pavel Vancura, M.D.
Hero Van Urk, M.D.
Mary J. Wallace, Ph.D.
John P. Welch, M.D.
Dennis R. Whitlow, M.D.

NEUROSURGERY

Herbert L. Cares, M.D.
Teodoro F. Dagi, M.D.
Nghia C. Nguyen, M.D.
Nikolas Papadakis, M.D.
Joe M. Parks, Ph.D.
Howard A. Richter, M.D.
David A. Roth, M.D.
Hiroshi Tsutsumi, M.D.
Glyn R. Wellum, Ph.D.
Marta H. Zaidenberg, M.S.

ORTHOPEDIC SURGERY

Majid J. Buyuk, M.D.
Calvin H. Frazier, M.D.
David L. Green, M.D.
Subramanyan Jayasankar, M.B.,B.S.
John J. Jennings, M.D.
Allan D. MacKenzie, M.D.
Mukund R. Patel, M.D.

PATHOLOGY

Juanito B. Billote, M.D.
Ara M. Chalvardjian, M.D.
Robert B. Colvin, M.D.
David B. Confer, M.D.
James J. Daly, M.D.
Umberto DeGirolami, M.D.
Mary E. Hammond, M.D.
John S. Kaiser, M.D.
Mohammad H. Karimi-Nejad, M.D.
Robert J. Kurman, M.D.
John C. Long, M.D.
Neil S. McNutt, M.D.
Martin C. Mihm, Jr., M.D.
Arthur S. Schantz, M.D.
Alan L. Schiller, M.D.
Robert L. Trelstad, M.D.

RADIOLOGY

Carol R. Archer, M.D.
Warren W. Church, M.S.S.E.
Gordon M. Grogan, M.B., B.Ch.
Roberto B. Jimenez, M.D.
George Matelli, M.S.
William R. Scott, M.D.

RADIATION MEDICINE

Ann Maria Chu, M.D.

ORAL SURGERY

Visiting Fellow: Malcolm Harris, M.B.B.S.

Fellows:

Jerold M. Frankel, D.M.D.
Raymond H. Katz, D.M.D.

ANESTHESIA

Hassan H. Ali, M.B.,B.Ch.
John H.L. Bland, M.D.
Han Twu Chiang, M.D.
Neville J. Davis, M.B.B.S.
Jane E. Denton, M.D.
Nabil R. Fahmy, M.B., B.Ch.
Adly H. Iskandar, M.B., B.Ch.
Miroslawa T. Jasinska, M.D.
Anil Kumar, M.B.B.S.
Demetrios G. Lappas, M.D.
Janet C. Miller, D.Phil.
Yousef S. Mobarek, M.B., Ch.B.
Ronald S. Newbower, Ph.D.
Jesper Qvist, M.D.
Rafik Rizk-Attia, M.B., B.Ch.
Albert J. Saubermann, M.D.
Wayne L. Settle, Ph.D.
Katherine A. Shaw, M.D.
Brij B. Shrivastav, Ph.D.
Pennathur Sundaram, M.B.B.S.
S.K. Szyfelbejn, M.D.
Michael A. Tobias, M.B., Ch.B.
I. David Todres, M.B., Ch.B.

McLean Hospital

List of Officers and staff of McLean Hospital begins on page 255.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

Chief of Ophthalmology
Henry F. Allen, M.D.

Surgeons in Ophthalmology

Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Taylor R. Smith, M.D.
Karl Riemer, M.D.

Associate Surgeons in Ophthalmology

W. Morton Grant, M.D.
Henry A. Mosher, M.D.
Robert J. Brockhurst, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Ichiro D. Okamura, M.D.
Charles D.J. Regan, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
David D. Donaldson, M.D.

Assistant Surgeons in Ophthalmology

John M. Hill, M.D.
D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
George M. Olive, Jr., M.D.
Richard J. Simmons, M.D.
Baruch J. Sachs, M.D.
Ralph H. Hinckley, M.D.
Michael Wiedman, M.D.
John R. Gehring, M.D.
Carl G. Freese, Jr., M.D.
Robert C. Lawlor, M.D.
J. Wallace McMeel, M.D.
Frederick B. Breed, M.D.
B. Thomas Hutchinson, M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
John M. Carroll, M.D.
Leo T. Chylak, Jr., M.D.
Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
H. Mackenzie Freeman, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.

Alexander R. Gaudio, M.D.
Robert A. Gorn, M.D.
Roland E. Houle, M.D.
William T. Humphrey, M.D.
Paul D. Hurley, M.D.
Joseph C. Kim, M.D.
Robert S.L. Kinder, M.D.
Mohandas M. Kini, M.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
**Brent W. Lambert, M.D.
Deborah P. Langston, M.D.
Ernest J. Meyer, M.D.
**Joseph Michon, Jr., M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Ronald C. Pruett, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Richard A.P. Thoft, M.D.
David S. Walton, M.D.
Donald R. Weis, M.D.
*Shirley H. Wray, M.D.

Director of Glaucoma Consultation Service
W. Morton Grant, M.D.

Director of the Retina Service
Charles L. Schepens, M.D.

Director of the Cornea Service
Claes H. Dohlman, M.D.

Director of Ocular Motility Clinic
Stephen J. Fricker, M.D.

Ophthalmic Pathology
Taylor R. Smith, M.D., Director
Toichiro Kuwabara, M.D., Assistant

Scleral Contact Lens Service
John M. Carroll, M.D.

Corneal Contact Lens Service
Perry Rosenthal, M.D.

Associate Staff - Ophthalmology
Eeva-Liisa Martola, M.D.
Elliot M. Finkelstein, M.D.
Harvey H. Slansky, M.D.

Consulting Chiefs of Ophthalmology
Edwin B. Dunphy, M.D.
Paul A. Chandler, M.D.
David G. Cogan, M.D.

Senior Consulting Surgeons
Trygve Gundersen, M.D.
William P. Beetham, M.D.
Virgil G. Casten, M.D.

*Neuro-Ophthalmology
**Military Leave of Absence

Brendan D. Leahey, M.D.
Mahlon T. Easton, M.D.
Albert E. Sloane, M.D.
Francis J. West, M.D.
Joseph M. Clough, M.D.
Garrett L. Sullivan, M.D.
Harry E. Braconier, M.D.

Honorary Staff – Associate Surgeon in Ophthalmology
Charles H. MacLaughlin, M.D.

Honorary Staff – Assistant Surgeons in Ophthalmology
Linley C. Happ, M.D.
Julian F. Chisholm, Jr., M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.
Paul M. Runge, M.D.

Senior Consulting Ophthalmic Pathologist
Parker Heath, M.D.

DEPARTMENT OF OTOLARYNGOLOGY

Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John E. McKeigue, M.D.
Bernard Zonderman, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
William W. Montgomery, M.D.
Robert E. Klotz, M.D.

Associate Surgeons in Otolaryngology

Aram Roopenian, M.D. (1)
Sidney R. Wilker, M.D.
William L. Hayden, M.D.
Robert H. Lofgren, M.D.
Thomas R. Klein, M.D.
Alfred L. Hurst, M.D.
Werner D. Chasin, M.D.
Louis E. Griffey, M.D.
Roy A. Johnson, M.D.
Richard R. Gacek, M.D.

Assistant Surgeons in Otolaryngology

Geza J. Jako, M.D.
John C. Trakas, M.D.
Yale J. Berry, M.D.
Allan G. Edwards, Jr., M.D.
John M. Kurkjian, M.D.
Albert Weiser, M.D.

Assistants in Otolaryngology

Robert V. Cheren, M.D.
Charles W. Cummings, M.D.
Richard L. Fabian, M.D.
C. Edward Jackson, M.D.
Donald G. Keamy, M.D.
Clarence E. Kylander, M.D.
Carl M. Lieberman, M.D.
David M. Metzner, M.D.
Rufus C. Partlow, Jr., M.D.
David L. Pierce, M.D.
Alfred D. Weiss, M.D. (2)

(1) Plastic Operations
(2) Neurology

Assistant in Plastic Surgery
Howard M. Ecker, M.D. (1)

Subdivision of Plastic Surgery
Aram Roopenian, M.D., Director (1)

Subdivision of Otolaryngologic Pathology
Max L. Goodman, M.D., Director

Subdivision of Otoneurology
Alfred D. Weiss, M.D., Director (2)

Endoscopy Service
William W. Montgomery, M.D., Director

Tumor Clinic
Daniel Miller, M.D., Director

Associate Staff
Daniel J. Reagan, M.D.
Mendell Robinson, M.D.
Robert W. Clubb, M.D.
Burton F. Jaffe, M.D.

Honorary Staff
Herman J. Sternstein, M.D., *Associate Surgeon*
Charles Kent, M.D., *Associate Surgeon*
Elizabeth DeBlois, M.D., *Assistant Surgeon*
Frank W. Brady, M.D. *Assistant in*
Morris Swartz, M.D., *Assistant in*

Consulting Chief of Otolaryngology
LeRoy A. Schall, M.D.

Senior Consulting Surgeons

Frederick L. Bogan, M.D.
Philip Mysel, M.D.
Moses H. Lurie, M.D.
Robert L. Goodale, M.D.
Carl H. Ernlund, M.D.
Charles H. Allman, M.D.
Maurice G. Evans, M.D.
Francis L. Weille, M.D.
Vincent J. Kelley, M.D.
Edgar M. Holmes, M.D.
Walter J.E. Carroll, M.D.
John R. Frazee, M.D.
John R. Richardson, M.D.
J. Charles Drooker, M.D.

Senior Consulting Surgeon
for Plastic Operations
Varaztad H. Kazanjian, M.D.

ANESTHESIA, RADIOLOGY DEPARTMENTS

Chief of Anesthesiology
Aaron J. Gissen, M.D.

(1) Plastic Operations
(2) Neurology

Assistant Anesthesiologists
Thomas J. Keenan, M.D.
Ismail Sensel, M.D.
*John C. Snow, M.D.

Director of Radiology
Alexander S. Macmillan, Jr., M.D.

Consultant in Internal Medicine
Richard A. Field, M.D.

*Leave of Absence

One Hundred and Fifty-Eighth Annual Report of the Trustees

The most significant event of the year 1971, the one hundred-fiftieth since the admission of the first patient, was the announcement in mid-September of Dr. Knowles' intention to retire as General Director on January 1, 1972, to assume the position of President of The Rockefeller Foundation on July 1, 1972. In his final report as General Director, Dr. Knowles will summarize the principal changes that have taken place during his ten-year term not only in the physical plant, but also in the delivery of health care, teaching, and research in the hospital and its many affiliated entities that make up the MGH. If he were to extend his report to the changes that he has witnessed since his first association as an intern fresh from medical school at Washington University, it would be a comprehensive history of medicine during this period. Mr. Lawrence's notification to the staff on September 13 expresses eloquently the Trustees' sentiments:

> "It is with sincere regret that the Trustees of the MGH announce the resignation of Dr. John H. Knowles as General Director, to become effective Jan. 1, 1972.
>
> ". . . He will take with him our very best wishes and deep appreciation for 20 years of devoted service . . . the past 10 years as General Director of the MGH.
>
> "During the past decade the business of the hospital has increased greatly both in size and complexity, truly reflecting the significant technological, scientific, and social upheavals of the world at large. Throughout he has performed admirably. With firmness and imagination he has guided the internal affairs of the MGH, extended his role of responsibility out into the community, and also participated vigorously and effectively in health affairs at state and national levels.
>
> "His contributions have been notable, and we have all benefited greatly by his presence in our midst.
>
> "Now we must address ourselves to the all important task of selecting a successor. To this end the Trustees have appointed a Committee of the Board, consisting of Messrs. Brace, Burr, Thorndike, and myself with David Crockett as Secretary. We solicit your suggestions and assistance and

assure you that any thoughts that any of you may have will be most welcome to any members of the committee that you may wish to contact."

The last months of the year witnessed a series of farewells – a dinner given by the Trustees and Chiefs of Services as well as the Annual Dinner of the Corporation, and a day-long reception the next day to which all members of the hospital family were invited and to which nearly 4,000 came. Ether Day was an occasion that was observed with the usual pin services, and Dr. Knowles gave a brief summation of his years at the MGH and his feelings on leave-taking. The October issue of the MGH NEWS has recorded for history the significant events of his years as General Director. Dr. Knowles takes with him a silver cigar box with facsimile signatures of the Trustees with whom he has worked for the past ten years and a large file of letters of appreciation, thanks, and farewell from the staff, the MGH family, and friends and associates throughout the community. He leaves behind a portrait by Pietro Pezzati commissioned by the Trustees to hang with the other distinguished former directors in the corridor outside his former office.

In January the Trustees voted to lease the Storrow House in Lincoln to the Carroll School with an option to purchase. The Carroll School took up the option, and the sale was consummated in April. The Carroll School for dyslexic children is staffed in part by the MGH, and the school felt that the association with the MGH would help to extend the services of the clinic for dyslexic children to others in the community.

As a result of activities initiated in the previous year with the recommendation of the Boston Redevelopment Authority and with the Beacon Hill Civic Association, an agreement was entered into with Davis, Brody & Associates of New York to make a land-use study of the hospital property and to coordinate this with the neighbors to eventually effectuate a viable land-use plan consistent with the interests of the MGH, the Massachusetts Eye and Ear Infirmary, the Boston Redevelopment Authority, and the Beacon Hill Civic Association. Later in the year a new corporation, the Cambridge Street Development Corporation, was formed with two MGH Trustees and representatives from other groups. With financing expected from foundations, federal and state sources, it is hoped that this permanent planning group will be able to coordinate the future development of the area in the immediate environs of the hospital.

The plans for the new Cancer and Radiation Therapy Center were accelerated during the first six months with the announcement by

the Trustees of a significant capital gift to the Building Fund from Mrs. William C. Cox in memory of her husband. It was announced at the Annual Dinner of the Corporation in December that the Center would henceforth be known as the "Cox Building" in recognition of the family's many benefactors.

A contract was signed in August with the George B. H. Macomber Co. for the construction of the Cox Building at a cost not to exceed $11,985,000. The building was planned by the architects, Perry, Dean and Stewart of Boston with the advice and recommendations of a Staff Building Committee under the chairmanship of Dr. Howard Ulfelder. All the necessary variances and building permits were obtained, and demolition of the Thayer Building was completed by December 1st. Just as the excavation equipment arrived on the scene, the state legislature passed in the final hours of its session and forwarded to the Governor for signature, emergency legislation which will be the first step in enforcing effective planning of health agencies in the Commonwealth. The confusion of implementation of the new act caused a postponement of ground breaking for the Cox Building and at year end, negotiations and approvals were being sought to permit a start-up date early in 1972.

Dr. Herman D. Suit, Chief of the Department of Radiation Medicine, was appointed Andres Soriano Director of Cancer Management on his arrival at the hospital on September 1st. He is now established in adequate temporary quarters with his research unit until the completion of the Cox Building.

Dr. Juan Taveras, on recommendation of the Ad Hoc Committee, was selected as successor to Dr. Laurence Robbins, Chief of Radiology, and took up his new duties September 1st. He comes to the hospital from St. Louis where he was director of one of the outstanding units in the country: Mallinckrodt Institute of Radiology at Washington University School of Medicine.

The Committee selected to choose a successor to Dr. Melvin J. Glimcher as Chief of the Orthopedic Service reported in September their recommendation of Dr. Henry J. Mankin. Dr. Mankin comes to the hospital in March, 1972, from a distinguished career at the Hospital for Joint Diseases and Medical Center in New York. His research and teaching interests will help to strengthen his clinical services in Orthopedics which have been effectively directed for more than a year by Dr. Thornton K. Brown as Acting Chief.

The Scientific Advisory Committee met in December for two days and Professor Baruj Benacerraf of the Harvard Medical School and Professor Hans-Lukas Teuber of MIT joined the Committee. The deliberations were of particular interest in view of the rapidly

changing methods of financing scientific research through federal agencies, and the implications of their changes to research and teaching programs of the hospital.

The Trustees Advisory Committee on Research and the Individual held one meeting in May and reviewed the activities of the Human Studies subcommittee of the Committee on Research and forwarded recommended amendments to the Guidelines for Human Studies to the Committee on Research. These recommendations were accepted as hospital policy. Bishop Henry K. Sherrill tendered his resignation as chairman of this valuable committee at year end. Bishop Sherrill has served as chairman since its inception and had steered its deliberations through sometimes tortuous channels. The hospital policy and Guidelines for Human Studies were accepted as a model for federal policy in The National Institute of Health and other government agencies. The Trustees are grateful to Bishop Sherrill for his willingness to add this to his long service of leadership in the affairs of the hospital.

The 1971 Warren Triennial Prize was awarded jointly to Dr. Howard Temin of the University of Wisconsin and to Dr. David Baltimore of MIT for separate publications on the discovery of an enzyme in RNA tumor viruses which may have great significance in the future understanding of the mechanism of the transmission of cancer by viruses.

The Budget and Finance Committee of the Trustees under the chairmanship of W. Nicholas Thorndike presented the budget for the fiscal year 1972 almost immediately following the President's Executive Order on stabilization of prices, wages, and salaries on August 15. Mr. Lawrence Martin, Associate Director and Comptroller, working with the Rate Setting Commission of the Commonwealth and Wage Price Stabilization Board in Washington appeared to have completed negotiations which would preclude the possibility of a crippling deficit in the new budget year. Although at the end of the calendar year it was a little early to predict with so many variables in the financial picture, the Trustees authorized a lifting of the no-hire policy instituted in September and were permitted to proceed with modest cost of living pay increases.

The Search Committee for the successor to Dr. Knowles was actively reviewing recommendations from the staff, and with the need for additional time for its deliberations, recommended the appointment of Dr. Benjamin Castleman as Acting Director on January 1, 1972. This recommendation was accepted by the Trustees at its last meeting in 1971. Dr. Castleman, with forty years of service

to the hospital, is concurrently Chairman of the General Executive Committee and Chief of the Department of Pathology.

The McLean Hospital, whose affairs are handled by a McLean Committee of the Trustees headed by George Putnam of the Board of Trustees, reports that during this year the financial problems and sizable operating deficit were eliminated due to improvements in the management of the length of the patient's stay. This was accomplished by shorter hospitalization of people, more than offset by substantial increases in the number of admissions during the year as a result of intensive efforts directed toward patient referral sources.

During the year the Advisory Committee to the Director of Scientific Research held its last meeting. This committee had proved to be extraordinarily helpful to the Research Laboratory since its inception in 1948, at a time when essentially the only research being conducted in the hospital was in that laboratory. With the expansion of research in other areas of the hospital, such as neuropsychology, neurophysiology, social science, and psychiatry, it seemed that the time was ripe for the appointment of a broader based scientific committee. A Trustee Advisory Committee on Research, patterned after that which has operated so successfully at the General Hospital, will be appointed. The actual appointment of members to this committee will await the appointment of the new Psychiatrist-in-Chief.

A significant event during the past year was that the long period of planning for the Hall-Mercer Building of the Children's center reached fruition with the signing of a building contract and breaking ground for the construction of this 40 inpatient unit for children under 13, which will also provide day care, out patient, and educational facilities for children. The building is expected to be completed in January 1973.

The Training Institutes for the treatment and education of emotionally disturbed children, begun last year under the aegis of Dr. Helen Kenney, Dr. William Kvaraceus, and Mr. Dunn have continued for a very successful second year.

This was the first full year of operation of the Halfway House, and our experience has justified the hopes we had when it was established. During most of the year 23 residents have lived at the residence during the period of transition from hospitalization to full participation in community life, under the direction of Dr. Richard Budson and the able management of Mr. and Mrs. Jolley. The Halfway House has proved of help to at least 45 individuals who have at one time or another lived in the house this past year.

In closing, the Trustees would like to thank the entire staff for all they have done this past year, and once again to express their appreciation to Dr. Knowles for his strong and effective leadership of the MGH over the past ten years and wish him every success in his new assignment.

G. LAMAR CRITTENDEN
W. NICHOLAS THORNDIKE
For the Trustees

Report of the General Director

It is an honor to submit the Annual Report for the year 1971, my tenth and last year as General Director. I began my association with the Massachusetts General Hospital on July 1, 1951, as an Intern on the Medical Service. Ten years of medical practice, teaching, and research within these magnificent walls were to be followed by ten years in the administration of the hospital when I was appointed General Director in 1962. From the first day when I stepped hesitantly to the bedside of my first patient in the Bulfinch to the last day of my tenure as General Director when I clasped the hand of an old friend on the way out, I was constantly inspired by the excellence of the individuals – now some 6,000 strong – who comprise the MGH. No day opened without a feeling of eager anticipation or without that inner warmth and strength an individual experiences when he is associated with the best and shares common hopes and aspirations with so many strong and dedicated people. No matter what the problem, there was always strength in excellence and numbers. Hardly a day closed without a feeling of integrity and worth, for the work of the MGH expresses the highest ideals and virtues of civilized man. Our ends – those of caring for the sick and injured, of preventing disease, of acquiring and transmitting knowledge – are unassailable. Certainly, we or our constituency may question or quarrel over the means used from time to time, but I have always viewed conflict, at least *within* the walls of the MGH, as the best evidence of a dynamic institution populated with men and women of passionate commitment and honest difference of opinion and experience. On balance practically all of us enjoy our work and are happily involved in it at the MGH.

No arid mass of barren figures can ever tell the story of an institution's life. Only the poet – and not the chronicler or the statistician – can describe the values, the human concerns, the triumphs and defeats, the joys and sorrows; in short, the *feeling* peculiar to a people and their institutions. Unfortunately we live in an age of numeracy, not literacy, and I am a product of that age. This, coupled with limitations of space and the reader's time, allows only a brief review of the past twenty and particularly the past ten years – a review which will have to rely heavily on figures.

Patient Care

The figures in Table I summarize the marked expansion in quantity and quality of our patient care activities. The trends have been

Table I

	1951	1961	1971
Patient Care			
Admissions	14,049	26,099	28,675
Operations	11,341	14,105	18,108
Length of Stay	16.6	11.6	12.0
Beds – % Occupancy	820 (77.9%)	958 (86.9%)	1,066 (88.8%)
Emergency Ward Visits	18,449	41,296	76,405
Clinics: Visits	183,667 (MGH & MEEI)	206,395 (MGH & MEEI)	190,738 (MGH only)
Transfusions	11,278	16,456	31,067
Intensive Care Units (Beds)	0	19	76
Radiologic Examinations (Patients)	48,034	79,243	140,514 (1970)
Radiation Treatments	17,071	16,578	30,399
Laboratory Examinations			
Clinical Chemistry	89,727	265,420	615,009 (1970)
Bacteriology	14,171	50,987	123,428 (1970)
Electrocardiograms	7,412 (1952)	17,758	40,484 (1970)
Social Service Referrals	6,781	7,058	12,412
Total In-Patient Care Expenses	$5.6 million	$12.2 million	$53.7 million
Average Total Per Day Cost	$23.88	$41.05	$155.01

evident since the post World War II period and continue their inexorable rise, i.e., increasing use of the Emergency Ward for both emergencies and as a surrogate for the (unavailable) family physician; and marked expansion (even explosion) of technical and scientific expertise as manifested by the development of intensive care units; and new complex forms of surgery such as transplantation and open-heart operations; and the ever-increasing use of laboratory and X-ray examinations. The multitude and complexity of social, political, and economic factors that surround and make more difficult the best patient care, convalescence, or rehabilitation of the patient is reflected in the marked increase in referrals to the Social Service Department, where the continuing care of our patients is planned with our doctors and nurses in coordination with other health agencies and people.

While the national expenditure on health was increasing from 28 to 75 billion dollars between 1951 and 1971, our budget for the care of inpatients was increasing from 5.6 to 53.7 million dollars, our average (total) cost for one patient rising from $23.88 to $155.01 per day. (The average cost per day in some of our intensive care units is over $300 at present.) The rise in hospital costs has outstripped all

other elements of the American health bill, and hospital care consumes the largest percentage of the health dollar. In 1970 the three largest demands on a total health expenditure of 70 billion dollars were, in order, hospitals at 24 billion, physician services at 13 billion, and drugs at 6 billion dollars. The rise in national health expenditures between 1950 and 1970 is broken down by the economists as follows: 50 percent of the rise was due to inflation; 25 percent of the increase was used to serve more people in an expanding population; and 25 percent was attributed to improving the quality of existing services and instituting new services. The MGH rise in costs reflects similar proportionate expenditures. A 50 percent "loss" to the forces of inflation is not all bad, by any means. Bear in mind that hospital workers were not paid the minimum wage in most hospitals until the late 1960's, and fringe benefits and modern personnel policies were not instituted until the early 1960's. I am proud to say that the MGH has led the way in achieving wages, fringe benefits, and working conditions which are commensurate with the value a community must place on its health workers. As a result, we are today the best staffed hospital in the United States, and I know of no finer or more loyal a group of employees than exists within the MGH family. A large part of inflation in hospital costs has been due to our "catching up" with the industrial (as contrasted with the service) sector – and the remainder has been due to increasing costs of supplies. When I was an intern in 1951, I was paid $18.75 a month and asked whether I wanted it in war bonds or cash! Today the intern starts at $808.33 per month.

Fuller utilization of an expanding number of beds has allowed us to contain costs while we serve expanding numbers in our community and provide for new needs. The reduction in morbidity and mortality due to the intensive care we are able to give to post-operative patients and those with severe injuries, heart attacks, and chest disease more than justifies the high cost of providing such care. (Over the past 50 years, the deaths due to heart attacks in hospitalized patients have been reduced by 50 percent, i.e., cut in half.) Over the past 10 years, we have expanded existing services and initiated new services in kidney transplantation, open heart surgery, burns (in conjunction with the Shriners Burns Institute), pediatric surgery, radiation medicine, strokes, therapeutic abortion, psychiatric services (in conjunction with the Lindemann Mental Health Center of the Commonwealth of Massachusetts), alcoholism, and mental retardation (in affiliation with the Walter E. Fernald State School and the Eunice Kennedy Shriver Center in Waltham). Nine intensive care units have

been developed for the care of life-threatening medical and surgical conditions (heart attacks, head injuries, chest disease, general medical illnesses, post-operative units, and a pediatric intensive care unit). Very shortly an entirely new and much expanded program for the diagnosis and care of patients with cancer will be housed in new facilities along with an expansion and intensification of our efforts in research and training as relates to this second leading cause of death and disability in the United States. A final element of the last 10 years of planning awaits the necessary funds, i.e., the move of the Medical Service from the Bulfinch Building to more modern facilities in the Gray Building tower, and the restructuring of our ambulatory services and the system of delivering such services. These two plans are of the highest priority at the moment and have been carefully planned for the past several years.

We have accomplished the above with our eyes wide open to the following facts:

1. As we improve and expand our services, the "suction pump" effect rapidly chokes our services and frustrates both hospital workers and the public as more patients come or are referred to us from far and wide and have to suffer long waiting periods for our services. We have come to realize that the need and demand for services at the MGH is infinite and that we must have rational regional planning to assure the best and appropriate use of all facilities and services in a given area serving a known population group.

2. Our share of the Gross National Product is not infinite and we must set priorities, limit rationally our expansion, and stress low-cost ambulatory services, health education, and decentralized, accessible community health centers. We have done just this by (a) expanding the capacities of the Department of Social Service; (b) altering, revising, and expanding our present program of ambulatory services (e.g., the Emergency Ward, a new and expanded Pediatric Clinic, the Screening Clinic and so on); (c) structuring a neighborhood health center in Charlestown accessible to and now widely used by the 17,000 residents of Charlestown; (d) developing other accessible health centers in the North End of Boston for the residents of this area, and a center in Chelsea for infant and child care with special emphasis on nutrition; and (e) developing two-way television between the MGH and the Logan Airport, and the MGH and the Bedford Veteran's Administration Hospital. These five developments have been part of a concentrated effort to extend ourselves out into the community to meet the issues which frustrate the community regarding their health services – the ever-increasing costs, the uneven

quality, and the degree of their accessibility. In addition, many of us sit with local community, municipal, state, and federal organizations and committees all devoted to the rational development of health services, facilities, and manpower. The Staff of the MGH has many opportunities to participate at all levels of local and national concern – whether it be in the field of education, research, or service.

The fact that the need and demand for our services is infinite makes rational regional planning mandatory in the public interest. We should not be in competition with other hospitals and medical centers in Boston and Massachusetts and indeed, all of New England, at the public expense. Capital and operating costs are prohibitive, and the money pit is not bottomless. We supported the new state legislation which requires a certificate of need before alterations and new construction can proceed. However, legislation and the commissions it produces is no guarantee that rational planning will ensue, but at least it makes public and clearly visible those matters of most concern to the community.

Teaching

Turning to Table II, some idea can be gained about the growth of our teaching functions. Our House Staff has more than trebled as has the number of Clinical and Research Fellows over the past 20 years. The vast majority of these trainees enter the practice of medicine and surgery and are distributed in nearly all the fifty United States. The remainder choose academic work in teaching and research and occupy leading positions in medical centers and universities, largely in this country, but also abroad. Not shown in the Table is the vastly increased amount of time spent by our Staff in the clinical teaching

Table II

	1951	1961	1971
*Teaching**			
House Staff	105	140	352
Clinical & Research Fellows	84	161	288
School of Nursing	358 (2 classes/yr. thru '58-'59)	307	327
School of Dietetics	24	24	27
School of Licensed Practical Nursing	0	0	65
School of Radiologic Technology	0	13	18

*Does not include combined teaching program with other institutions.

of Harvard medical students. The numbers have increased as has the time spent, due to the revision of the medical school curriculum which places more emphasis on clinical instruction in the first and particularly the second year. The MGH and its Staff provide about 30 percent of core clinical instruction for Harvard medical students.

With the acquisition and renovation of Sleeper Hall in 1965, the School of Nursing moved to much improved quarters. Our school continues to attract the very best high school graduates – all of whom could easily qualify for college entrance. Neither the quantity nor quality of applicant has fallen over the past ten years – this during a decade when many hospital schools of nursing were closed due to rising costs, and the trend was toward establishing such schools within colleges and universities. We elected without any hesitation or reservation not only to continue our school but to strengthen it. Today it remains one of the finest of its kind in the United States. In 1971, the school graduated 117 young students, 44 percent of whom began their staff work with us, while the remainder went to hospitals largely in New England but also to some 15 of the 50 states. During 1971 we reopened the possibility of (1) State licensure of the school as a Junior College, or (2) affiliation with universities in Massachusetts – for the purpose of obtaining academic credits for the first two years of study – so that those who wish to can go on to complete the last two years of college without repeating the first two. Upward mobility through educational accomplishment should be facilitated for those who wish to occupy positions in nursing administration and nursing schools. Such licensure and/or affiliation should be easily obtained for we have a fine faculty, practically all of whom qualify easily for college faculty positions!

During 1970 we acquired the Shepard-Gill School of Licensed Practical Nursing. Such practical nurses have become an integral part of a hospital's personal nursing services and today we have some 185 L.P.N.s working alongside our 652 staff nurses on the patient floors of the hospital. Our new school has 60-65 young students in training at any one time and awards the diploma to 50-55 of them on completion of their one-year course. The school is a fine addition to our traditional function of patient care and teaching – a responsibility which ensures that the local and national community will have adequate numbers of well-trained health workers available.

Our School of Dietetics continues its magnificent work – we have the largest hospital-based school of medical dietetics in the United States. We graduate 24-27 students each year and again, they represent us well in many hospitals of Massachusetts, New England, and

other states. Each year in August I have always looked forward to giving the Commencement address. The girls (and the faculty!) are smart, well-trained, and attractive – and I've never experienced better hospital food than the MGH's!

During 1967 the Trustees established a new Committee on Teaching and Education in recognition of the importance of the teaching and educational programs which are so heavily represented amongst the prime functions of the MGH. With this Committee, the hospital assumed corporate responsibility for the teaching and educational functions which traditionally had been the responsibility of each Chief of Service and his alone. The Committee has scrutinized the House Staff programs of each service, evaluated our methods in choosing interns, reviewed existing and new methods of teaching, and structured training programs for cardiac resuscitation and (with Northeastern University) anesthesiology assistants. During the past year it has begun a review of the use of television in teaching and learning and of the latest Carnegie Commission Report, for ultimate policy recommendations to the Board of Trustees. Organizationally and functionally, this committee should prove to be as important in the development of the hospital as the Committee on Research has been over the past 25 years. The hospital must relate all its teaching and training functions to the whole of the institution's programs, and in turn these must relate to the community's and nation's needs. No single Service Chief under the old indentured apprentice system can do this. A committee reporting to the Trustees can bring diverse interests and talents together on a regular basis to ensure the best corporate responsibility for the teaching and training functions.

Research

With the completion of the Jackson Tower of the new Gray Building, we added over 50,000 square feet to our research space (to a total of 186,000 square feet). The new space has allowed us to expand our research program in everything from genetics to heart and lung disease to molecular biology. Our budget for research of the most basic and fundamental nature has nearly trebled. About two-thirds of the funds come from the National Institutes of Health and the rest from private foundations. In addition the West End Settlement House adjacent to the hospital was purchased and renovated for a new program of investigation in the psychological development of children carried on by the Department of Psychiatry.

Our first and foremost function is the care of the sick, and we have been ever careful to maintain a balance of interest within the

Table III

	1951	1961	1971
Research			
Budget (million $)	2.0	5.6	13.5
Space (square feet)	30,000	100,000	186,000
Personnel	216 (Estimate)	520	966

hospital so that there will be no doubt in anyone's mind that our attitudes and values bespeak our commitment to "the patient comes first." I believe this healthy balance of patient care, community extension, teaching, and research has been maintained, and today, they all exist in fruitful and, I say emphatically, *happy* symbiosis at the MGH. The highest quality of care is given in an atmosphere of teaching and research, for the constant scrutiny of inquiring minds assures the patient of the best attention and the most rapid use of new knowledge for his benefit. We are a well-balanced institution although we live constantly in a state of flux *and* of dynamic imbalance. This is as it should be.

Organization and Administration

Table IV shows the extraordinary growth in the total operating budget and number of employees. It is clear that the large teaching hospital with a diversity of roles and functions involving life and death matters, meticulous research, and sensitive teaching, and where the leading actors (in the words of the sociologist) have no automatic responsibility for the fiscal and operating management (as contrasted with their nearly complete authority for the final function – the care of the sick) is as complex a social organization and as difficult a one to manage as any (with the exception of the Federal Government, perhaps!). The hospital has been reorganized over the past ten years so that the sharing of plans and problems can be assured by as wide a number of people as possible. Thus, new committees on utilization review, teaching and education, community extension programs, computers, and abortion – to name but a few – have been formed to facilitate the seizing of new opportunities to improve the hospital and its services. The General Executive Committee has been expanded to include *all* Chiefs of Service, the Administrator, the Chairmen of the Utilization Review and Teaching and Education Committees, three elected members of the Staff, the Chief of the Nursing Service, and the Chief of Social Service. The Hospital Com-

Table IV

	1951	1961	1971
Total Operating Budget (Patient Care & Research) (million $)	8.9	23.8	88.0
Number of Employees	2,300	3,633	6,266
Plant Assets (million $)	14.5	19.5	56.2
Annual Fund Drive (Gifts)	500,000	700,000	4,000,000
Number of Donors	5,000	7,500	71,535

*Figures reflect average annual private giving and exclude Federal grants and private bequests.

mittee of the Trustees has been expanded to include the Chairman and Vice-Chairman of the GEC and an elected Staff member from the GEC. We have worked constantly to improve communications through regular committee meetings, the written word in the *MGH News,* and periodic letters from the General Director, as well as frequent lunches with the Staff. In addition we have made ourselves constantly available to all the mass media so that our story can be told accurately and we can thereby gain the enlightened understanding and support of our community. Organization is the means to our ends, the "skeleton" of the institution, and communication is the glue that holds it together and assures viable planning, the rapid reduction of conflict, and efficient achievement of our goals. It has been sheer joy to work with Trustees, Administration, and Staff on our various Committees each week, and I know of no other hospital where so many people meet so often and so fruitfully, giving untold hours voluntarily to the greater good of the institution and its patients. We are a large cohesive family and our weekly meetings provide the opportunity to consider and resolve the never-ending problems and crises ever present in an institution of our size and complexity. Distance leads to distortion, misunderstanding, and inefficiency. We are organized to avoid these defects through our Committee structure and the various other methods of communication mentioned above.

Over the past ten years we have raised 35 million dollars in capital from our community and generated over 19 million dollars in depreciation – some 54 million dollars to alter and renovate our plant, replace and improve our technical equipment, and build new buildings to replace outmoded and obsolescent facilities. Our increase in plant assets from 19.5 to 56.2 million dollars in the past ten years

reflects our concentrated attempt to bring the hospital into first-rate condition. In 1961 we raised $700,000 from 7,500 donors. By 1971, we were averaging 4 million dollars annually from 72,000 donors. In the last analysis, there is no better material measure of the confidence the community has placed in us.

I will miss the MGH. Having spent 20 years first on the House Staff, then practicing along with teaching and research, and finally in the Administration, I have had a unique experience few men are privileged to enjoy. The hospital has given me much – fine, enduring friendships; the privilege of being entrusted with the care of the sick and the teaching of students; and the constant support and encouragement of the finest people – be they trustees, maintenance men, nurses, building service workers, doctors, administrators, volunteers, medical record librarians, or dieticians. And, as an Assistant Resident, I met my wife-to-be in the Emergency Ward in 1952, and we now have six children as devoted to the MGH as their mother and father. It is a lovely part of all our lives.

The secret of the MGH is that everybody *cares* about doing the best job, about each other, and most deeply about those who come to us for help. The past will continue to spur us on to even greater service.

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

During 1971, the General Executive Committee continued its efforts to resolve for the MGH the myriad socioeconomic challenges and problems facing hospitals today. In these discussions the Committee has been guided by the principle of maintaining the highest quality of patient care while preserving the proper balance of teaching and research activities.

Demands from third party payers have required ever increasing participation by the Staff in utilization review activities. Dr. George Baker was appointed to succeed Dr. Frank Ingersoll as Chairman of the Utilization Review Committee. Dr. Baker has reported regularly to the GEC and in his latest summary noted that the Utilization Review Committee now reviews some 240 cases per week, twice the number of patient records reviewed per week in earlier years. With the aid of Dr. G. Octo Barnett, the URC is currently studying the role of computer techniques in providing more effective and efficient utilization review.

The GEC continues its interest in ensuring that ancillary services are appropriately serving the patients. This issue is particularly important since the cost of ancillary services is now a significant portion of the hospital charges, and laboratory test utilization has been increasing at a rate of 15 percent per year in recent times. Since the introduction of the computer-based laboratory test reporting system, laboratory utilization has been monitored in a more detailed and explicit fashion. Despite concerted attention to the problem from the GEC and from the Staff, reversals in the trend of laboratory test utilization have been short-lived, and it seems evident that the GEC will have to redouble its efforts in 1972 to develop more effective means of control in this important area. Similarly, the GEC has continued its concern with ensuring that the patient census is kept at a desirable level throughout the year and that there is suitable use of extended care and nursing home facilities.

Upon recommendation of the Patient Records Committee, the GEC recognized the wisdom of separating Radiation Therapy from the Department of Radiology and establishing a new department to be called Radiation Medicine. New Chiefs were appointed: Dr. Juan Taveras in Radiology and Dr. Herman D. Suit in Radiation Medicine. Recognizing the overlapping demands for expertise in physics, not only within these two departments but within the hospital as a whole, the GEC appointed a Physics Advisory Committee under the

chairmanship of Dr. Adelbert Ames. This new committee has been charged with the responsibility of advising the GEC on the most effective utilization of our physics talent.

Dr. Henry J. Mankin was appointed Chief of the Orthopedic Service at MGH and E.M. Ashley Professor of Orthopedic Surgery at Harvard Medical School. He will take over his new post in March of 1972. Dr. Daniel D. Federman was appointed Acting Chief of the Medical Services during the sabbatical leave of Dr. Alexander Leaf. In addition, two *ad hoc* committees are currently at work, one seeking a successor to Dr. Benjamin Castleman as Chief of the Department of Pathology and the other seeking a Professor of Clinical Pharmacology to be based at the MGH.

Early in 1971, the GEC appointed an *ad hoc* committee charged with reviewing ambulatory patient care at the MGH. Under the chairmanship of Dr. John Mills, the *ad hoc* committee began its work with the premise that the major problem for a university teaching hospital in regard to ambulatory medical care services relates to primary medical care. The committee defined primary care as "those health services forming the initial contacts between doctor and patient, the diagnosis and treatment of common disease, and the measures constituting preventive medicine and health maintenance." In assessing the MGH's potential role in the delivery of primary care, the committee stressed the strong MGH tradition of offering such services while carrying out its roles in teaching and research and serving as a referral center. The committee recommended that the MGH should move forward to establish a new primary health care unit within the ambulatory care system of the MGH, and that this unit in cooperation with the existing specialty clinics offer comprehensive medical care to one or more groups of patients defined on a geographic, occupational or economic basis. Such a unit would permit the MGH to study many aspects of provision of health care services such as quality of care, effectiveness of service, cost, social ramifications, appropriateness in the teaching hospital setting, etc. The committee recommended the unit be designed with such objectives in mind and serve as the next step toward defining and meeting the needs of the community for primary health care services.

Complementing the Ambulatory Care Committee report Dr. Daniel Federman reviewed proposals for establishing a medical group practice at the MGH. He cited the high level of interest in such practice found in the younger physicians and the increasing role of the general internist as primary physician to the community. Dr.

Federman also cited the need for primary care activities to be housed *within* the MGH if it is to continue to function as a teaching hospital for "comprehensive medical care." The GEC recognized that the time is appropriate for the MGH to move ahead in meeting its obligation to the community to provide primary and comprehensive health care via group practice methods of delivering service. Cognizant of the foregoing reports, the GEC urged "that the Trustees reaffirm the commitment of the MGH to the provision of primary comprehensive health care and to teaching and research in this area; and that this commitment be established as a current major priority of the MGH." The GEC and the Trustees are continuing their discussions of this most important subject and hope to be able to move ahead with planning in the near future.

The GEC also heard reports concerning the Bunker Hill Health Center which has continued to thrive in Charlestown and considered the hospital's potential role in providing health services to other nearby communities. It approved an innovative program utilizing nurse practitioners, computers, and a multispecialty group of physicians from the MGH to deliver care in the North End of Boston.

Dr. E.W. Wilkins, Chief of Emergency Services, reported the need for an enlarged emergency services area and recommended provision of an evening hours screening clinic to serve an ever increasing flow of ambulatory patients needing care but not services of true "emergency" nature.

The revised Rules and Regulations of the Medical Staff were reviewed by the MGH Staff Associates and the GEC and subsequently received full Trustee approval. The document will be distributed to the Staff early in 1972.

The problem of drug abuse continues under review. Following recommendations of a Subcommittee on Amphetamine Abuse, the GEC approved more stringent regulations regarding the dispensing of amphetamines within the hospital.

The GEC viewed the resignation of Dr. John Knowles as General Director effective January 1, 1972, with deep and sincere regret and extended to him their best wishes and those of the entire hospital as he assumes his new role as President of The Rockefeller Foundation.

The GEC has reviewed the above items and numerous others during 1971. The members of the Committee have enjoyed their participation and have been keenly aware of their responsibility to ensure that a proper balance of patient care, teaching, and research is maintained in the hospital. The Committee is appreciative of the

Staff's suggestions and recommendations and remains grateful to the Trustees for their advice and support.

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ROMAN DeSANCTIS, M.D.
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JUAN M. TAVERAS, M.D.
HOWARD P. ULFELDER, M.D.
EARLE W. WILKINS, JR., M.D.

Report of the Committee on Research

Since its beginning in 1947, the Committee on Research has represented the research community of the hospital and serves as a forum for the formulation of research policy and the exchange of scientific information. In the performance of that function, and with the advice of the Subcommittee on Research Colloquia, the Committee heard seven excellent scientific presentations by members of the Committee or of the scientific staff of the hospital, in the course of the current year. Dr. Herman D. Suit, newly appointed Chief of Radiation Medicine, Dr. Gerald L. Klerman, recently appointed Superintendent of the Erich Lindemann Mental Health Center, and Dr. Hugo W. Moser, Director of the Eunice Kennedy Shriver Center for Mental Retardation, described the current and contemplated research programs of their departments or MGH-affiliated institutions. Dr. Kenneth T. Bird presented a thoughtful and interesting discussion on "Telediagnosis and Teleconsultation," while important progress in three original areas of research was described by Dr. Geoffrey W.G. Sharp on "Action of Cholera and Diarrhea Producing Toxins," Dr. Hugh D. Niall on "Sequencing Methods of Their Application," and Dr. Ross J. Baldessarini, who discussed "Neurochemical Transmitters in the Central Nervous System."

Two highly successful evening colloquia were held with the help of an award from the Burroughs Welcome Fund. The first of these was held in connection with the Warren Triennial Lectures by Dr. Howard Temin and Dr. David Baltimore, who spoke on their contributions to the highly significant phenomenon of "RNA Dependent DNA Synthesis" and its relationship to tumor viruses and cancer research. The evening colloquium following the Warren Lectures was led by Dr. Bernard D. Davis of the Harvard Medical School who spoke on "Genetic Therapy, Genetic Engineering, and Preventive Medicine." The second evening colloquium, again with the advice of the Subcommittee on Research Colloquia, was devoted to a discussion on "Cocoonase: Cellular Differentiation in Insects" by Dr. Fotis Kafatos of the Department of Biology, Harvard University.

The Subcommittee on Human Studies, in addition to performing its regular reviews of the human subject aspects of all research activities of the hospital, has devoted considerable effort to the issue of informed consent. Their recommendations which have been endorsed by the Committee on Research, and are in accord with recent guidelines of the National Institutes of Health, will provide more explicit

documentation of consent which will become part of the hospital records. Discussions by the Subcommittee focused the attention of the Executive Committee on Research upon an interesting and paradoxical situation. A physician employing some innovative form of therapy has the benefit of peer review only if the therapy is being evaluated or is otherwise part of a research undertaking. Similarly, a variety of reviews and safeguards protect the physician, the patient, and the hospital in the administration of a new drug, but not in the employment of a new surgical procedure. The question was referred to the General Executive Committee of the hospital where it was felt that competence and responsibility existed to formulate an appropriate policy.

A perception of certain national trends and the consideration of several specific problems by the Committee on Research led to the reconstituting of an *ad hoc* Subcommittee on Grants Policy and Management with a wider purview. Two major issues have been identified and clarified as a result of the activities of that Subcommittee during the past year. The research community has been troubled in recent years by the increasing magnitude of the unreimbursed overhead, or indirect costs, of research. These costs have been borne by the general funds of the hospital and the size of the deficit which had been attributed to research had reached such proportions that in May the Board of Trustees decided that the hospital could no longer accept research grants which were not accompanied by full reimbursement of overhead costs. The Subcommittee lent its assistance to the Comptroller in a careful analysis of the situation, identifying as the major components of the overhead deficit government grants in the area of community services and residency training, both contributing directly to patient care. Unreimbursed indirect costs related to research grants accounted for five percent of the total and the Committee on Research is considering means of correcting or covering that loss.

A major issue which that Subcommittee on Grants Policy and the Executive Committee on Research have identified and to which they have given considerable thought is presented by recent trends in Federal research support. The scientific community has for some time been aware of a tendency to level off or even reduce Federal support for the biomedical research effort. Coupled with this has come an increased emphasis on targeted research as exemplified by the growing fraction of the total which is allocated to contractual research and large disease-oriented institutional or regional grants.

There has been an increased tendency towards earmarking of funds by the Congress, the Executive Branch, and in the individual Institutes, by dividing the national research budget into allocations designated by particular diseases. Many of us, though recognizing that the overriding goal of biomedical research is the solution of pressing health problems, question the assumption that by ordering research in terms of foreseeable relevance we can somehow accelerate the process. Furthermore, if the assumption is wrong, not only will medical progress be slowed, but changes will have taken place in the institutions from which this progress is expected which may be difficult to reverse. If conspicuous relevance rather than scientific excellence is to be the major criterion in the allocation of research support, there is a danger that academic and teaching hospitals may be polarized in directions which are incompatible with their long-term social goals.

In the belief that through wise administration and appropriate responses on the part of teaching hospitals and medical schools it may be possible to recognize these trends and to fulfill the public needs which prompt them without disturbing the scientific and academic ecology on which in the long term they depend, the Subcommittee on Grants Policy and the Executive Committee on Research are attempting to develop a policy for the MGH which recognizes in the large disease-centered grants responsibility for scientific merit and feasibility, for allocation of funds, for phasing out of unproductive work, for developing interest in and support of new ideas and promising investigators, and for the continued fostering of basic research on which the targeted research depends. This topic was the main theme of an extremely valuable discussion by the Scientific Advisory Committee at its meeting on December 3 and 4, 1971, in which members of the Committee on Research and responsible investigators of center and program-project grants at Harvard Medical School and MIT participated. The considerations were also the basis for the appointment by the Medical School of a Standing Committee of the Faculty on Interinstitutional Research and Research Training Programs, whose members would be representative of the Medical School and its affiliated institutions. Another new subcommittee of the Committee on Research has been the *ad hoc* Subcommittee on Cancer Program Development which was set up to assess the present cancer program at the hospital and advise in respect to future developments. Information is being gathered as to present activities and future needs from all of the services and departments of the hospital,

and members of the Subcommittee have represented the hospital in national conferences to discuss various aspects of the national cancer program.

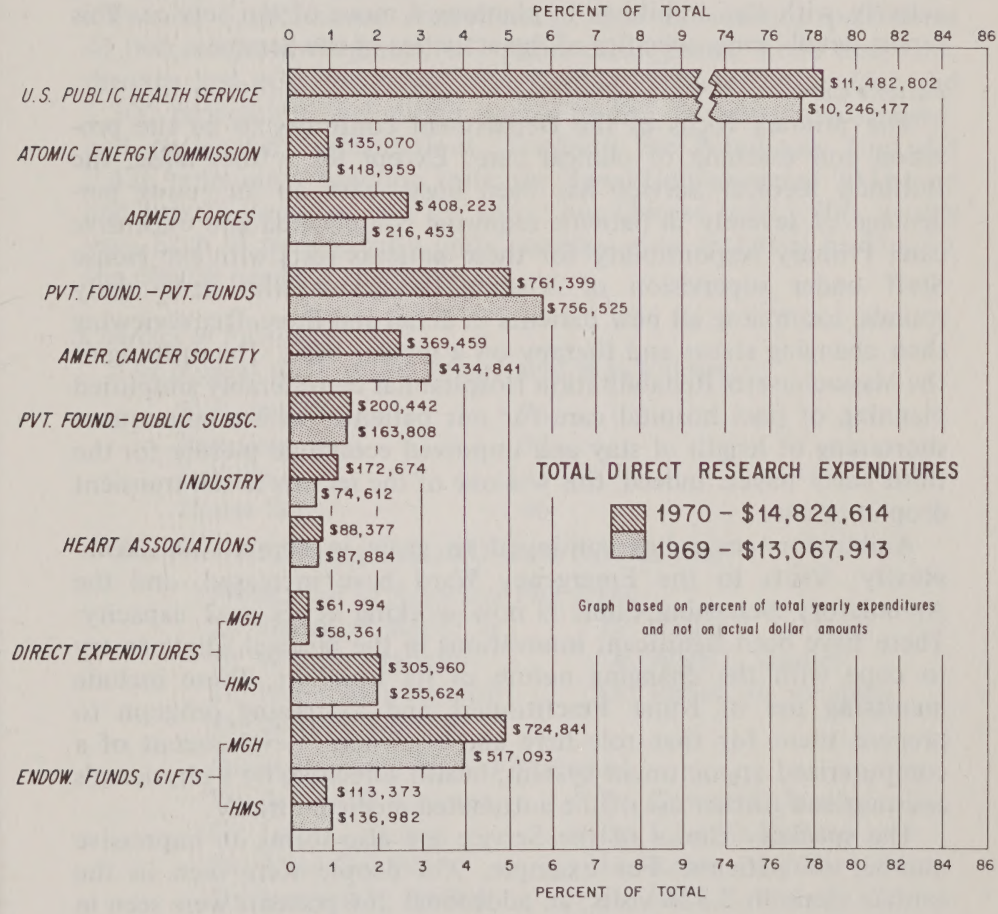
The Medical Engineering Group, under the sponsorship of the Subcommittee on Bio-engineering and Developmental Research, began as an engineering service to research with some patient care activity. The latter function has increased significantly so that at the present time, approximately half of the activity relates to patient care. As the work load continues to increase, some expansion and centralization of the activities will become increasingly important.

The Subcommittee on Computer Service to Research agreed during the past year to meet in conjunction with the Hospital Computer Committee. At the same time, the Subcommittee will remain as a unit to care for the needs which are specifically related to research. New space has been found for the Research Computer Group and the relationships with the computing centers at Harvard and MIT appear to have become stabilized so that most of the computer-related needs of the hospital's research community continue to be filled.

I should like to express my sincere thanks to the many scientists who serve on the Committee on Research and its various Subcommittees. Without their dedicated effort and advice this research community would not be the strong, well-informed, and useful body that it is.

SEYMOUR S. KETY, M.D.
Chairman, Committee on Research

DIRECT RESEARCH EXPENDITURES FOR 1970



Report of the Medical Services

The Medical Services had an active and demanding year in 1971. The pressure to provide intensive care in the Bulfinch has continued to tax facilities and staffing, and we were pleased to be working actively with the architects in planning a move of our service. This report details some specifics of the activities of the Service.

Patient Care

The primary focus of the Department continues to be the provision and teaching of clinical care. Except for a brief lapse, the Bulfinch Medical Service has been busy, with an increasing percentage of severely ill patients requiring complicated and expensive care. Primary responsibility for these patients rests with the House Staff under supervision of Visiting Physicians who make daily rounds, examining all new patients in detail and thereafter reviewing their changing status and therapy on a regular basis. The opening of the Massachusetts Rehabilitation Hospital has considerably simplified planning of post hospital care for our patients, with a consequent shortening of length of stay and improved economic picture for the third party payer. Indeed, this was one of the factors in the transient drop in census.

Ambulatory care has continued to grow in amount and complexity. Visits to the Emergency Ward have increased, and the Ambulatory Screening Clinic is now working at its peak capacity. There have been significant innovations in the Medical Clinic to try to cope with the changing nature of its function. These include increasing use of Nurse Practitioners and a training program to prepare them for that role here and elsewhere; development of a computerized appointment system; health screening by a physician's assistant and further use of the automated medical history.

The specialty clinics of the Service are also seeing an impressive number of patients. For example, 953 people were seen in the cardiac clinic in 2,326 visits; an additional 266 patients were seen in pediatric clinic consultation. The pulmonary clinic saw 1,151 patients, including many in a new clinic which is among the first in a general hospital to specialize in the ambulatory therapy of tuberculous patients. The thyroid clinic had 1,919 admissions, carried out 793 scans, and performed 3,000 specialized thyroid function tests for patients in and outside the hospital.

The inpatient consulting role of the Department is also growing significantly. Our Senior Residents answer approximately 4,000 consultations per year on other services. The units of the Department of Medicine provide consultations in two ways – by answering consultation requests and by introducing and maintaining special tests and techniques in their areas. The Cardiac Unit, for example, answered 1,100 house consultations, and in addition performed 41,000 electrocardiograms, 437 phonocardiograms, 4,600 assays for digoxin and 638 for renin. The Cardiac Catheterization Unit did 1,300 procedures, including catheter studies, coronary angiography, and pacemaker implantations. Similarly the Pulmonary Unit did 2,436 pulmonary function tests; the Renal Unit answered 700 house and private consults; and the Infectious Disease Unit 1,900. In this way, each of the specialty units provides some technical backup for the clinical needs of the hospital.

Changes in Personnel

The present staff of the Department is as follows:

Full-time Staff	96
Part-time Staff	82
Fellows	128
House Staff	46

The following changes in staff occurred this year:

Promotion to Associate Physician

Dr. George P. Baker, Jr.
Dr. William Franklin
Dr. Homayoun Kazemi
Dr. Bernard Kliman
Dr. Walter T. St. Goar
Dr. Allan I. Sandler
Dr. Robert H. Schapiro

Promotion to Assistant Physician

Dr. Robert W. Colman
Dr. John C. Dalton
Dr. Allan Goldblatt
Dr. Newton E. Hyslop
Dr. Jerome Grossman
Dr. John W. Irwin
Dr. George A. Jacoby
Dr. John W. Keller
Dr. Robert M. Neer
Dr. John H. Sisson
Dr. Roger H. Sweet
Dr. Charles H. Weingarten

Transfer to Clinical Associate

Dr. John Homans, Jr.
Dr. Robert K. Leet
Dr. John M. Moses
Dr. Edward S. Rendall

New Staff Appointments

Assistant in Medicine

Dr. Bernard R. Aserkoff
Dr. James Dineen
Dr. Herman K. Gold
Dr. A. W. Karchmer
Dr. Robert S. Lees
Dr. Barry Levine
Dr. Neil Shore
Dr. Bruce D. Weintraub
Dr. Lawrence C. Wood

Clinical Assistants in Medicine

Dr. Zareh N. Demirjian
Dr. Martin S. Hirsch
Dr. Stanley J. Reiser
Dr. Edwin L. Brien

Assistant Applied Physicist

Bernard Hoop, Jr., Ph.D.

Assistant Biologist

Donald R. DiBona, Ph.D.

Assistant in Biochemistry

Lloyd A. Culp, Ph.D.
Joan C. Kaplan, Ph.D.

Assistant in Computer Science

Peter Herne, Ph.D.

Board of Consultation

Dr. Harriet Hardy closed a long and distinguished phase of her career in medicine during much of which we were fortunate to have her associated with our service. Dr. Bernard Jacobsen was appointed to the Board of Consultation but, happily for us, remains active on our service. Similarly, although Dr. Henry Clifford was promoted to the Board of Consultation, he is continuing to foster the Tele-Medicine Link between the Massachusetts General Hospital and the Bedford Veterans' Administration Hospital.

Resignations

Dr. James Carter, a former Chief Resident and recent Assistant in Medicine, left the Massachusetts General Hospital for a senior position at University of Pennsylvania Medical School. Other departures included Drs. David Allen, Robert Greenes, Richmond Prescott, and Erika and Kurt Randerath.

Teaching

The teaching functions of the Department have similarly expanded. We continue to do almost half of the clinical teaching in medicine for Harvard medical students, with 40 students in Case

Taking, 66 students in Introduction to the Clinic, and 90 students in the Principal Clinical Year Clerkship. The House Staff program has been changed toward more elective time in both assistant resident and senior resident years, and a thrice weekly noon conference has been added at the suggestion and under the active control of the house staff.

The continuing education activities of the Department have also been expanded and include the following programs:

The annual June post graduate course	90 physicians
A one-week course in "Advances in Cardiology"	154 physicians
Two courses in electrocardiography and arrhythmias	31 physicians
A Board Review course (organized by the Chief Resident and using primarily MGH faculty)	190 physicians
A course in the use of the Problem-Oriented Medical Record	150 physicians
A course in Emergency Ward science and techniques	18 students
A sixteen-week course for Nurse practitioners	6 nurses

In addition, many individual members of the Staff, both full- and part-time, participated as faculty in continuing education activities here and nationally.

Research

It would be impossible to detail the research activities of any one of the Units, let alone the entire Department, in a report of this nature. The budget (over 5 million dollars) and the number of people involved (more than 400 scientists, technicians, and Fellows) reflect that this is a major thrust of the Department. Investigation is carried on at all levels, of which a very limited sampling follows:

Clinical research:	trials of antiarrhythmic drugs
	pharmacologic approach to cardiogenic shock
	length of stay in myocardial infarction
	thyrocalcitonin in Paget's disease
Physiology:	normal controls of glucagon release and suppression
	clinical pharmacology of digitalis glycosides
	mechanisms of fat absorption in the intestine
	effect of ethanol on the liver

Cellular:	effects of hypoxia on cell swelling
	interaction of prostaglandins and adenyl cyclase
	nature of the intracellular sodium species
	role of microsomes in hepatic oxidation of alcohol
	mechanism of action of cholera toxin
Subcellular:	amino acid sequencing of a whole antibody
	glycolipids and glycoproteins of cancer cells
	the metabolic requirements for colchicine's action
	amino acid content of collagen in a new genetic disorder
	chemical nature of the AMP receptor

Over 250 papers were published by the Department during the year.

Technology

It may be worth giving a moment to review some of the technological developments under way in different areas of the Department. Extensions of computer capability have been made by the Laboratory of Computer Science into every area of the hospital's functioning. Patient care has been facilitated by the introduction of the computer into the chemistry laboratory, where it is now connected to the autotechnichon for even faster printouts; to the record room, where location and recall of records are controlled by computer; to the bacteriology laboratory reporting system; and in pharmacy, where intravenous medication on the pediatric service is being run through this mechanism. The research developments currently under way include further development of automated record entries and keeping, control of an interactive medication system, and the refinement of the MUMPS system (MGH Utility Multi-Programming language) which is now in nationwide use.

The computer is in active use in teaching efforts as well. A program for teaching and testing skill in cardiopulmonary resuscitation is now being used in the Emergency Ward, in the Anesthesia service, in the teaching of clinical clerks, and as an optional resource for the Staff. Further programs in the management of diabetes mellitus, coma, and anticoagulant therapy are in various stages of development.

Another computer development, the MEDLAB system under the direction of Dr. Charles Sanders, is in active use in the intensive care

areas of the hospital, where it is contributing to the rapid processing of emergency data for prompt revision of therapeutic approaches in critically ill patients. Similarly, in the MIRU, patients are monitored constantly for an almost complete gamut of physiologic indices, almost eliminating the need for physical examination.

It is of more than passing interest to speculate on the implications of these developments. The content of the doctor's experience is changing rapidly. In this particular area, the development of physiological monitoring and the presence of tubes and instruments simultaneously inhibit interaction with the patient and make it seem less critical. The result may be a further isolation of the patient from the physician with a consequent dehumanization of the doctor.

Regional Collaborations

There is an increasing number of collaborations between this Department and institutions outside the Massachusetts General Hospital. The channels of activity with Massachusetts Institute of Technology are steadily increasing: the new HMS/MIT School of Health Sciences; cooperation in research in atherosclerosis between the MIT Clinical Research Center and the MGH Cardiac Unit; the Physics Research Unit under Dr. Brownell, who has appointments in both institutions; endocrine collaboration between Drs. Alex Rich (MIT) and Joel Habener and John Potts (MGH); and research on non-invasive methods of cardiac study, involving Dr. Gordon Myers and the Cardiac Unit.

A similar cooperation is developing between the Department of Medicine at Cambridge Hospital and our own. The Chief of Medicine at Cambridge Hospital, Dr. Arnold Weinberg, serves in this Department's administrative organization, Senior Residents from here rotate there, some of the Cambridge Hospital Visiting Physicians are from our Staff, etc. A recent Nurse Practitioner Teaching Program involved both services, and several members of the Cambridge Hospital Department hold joint appointments and continue to visit on our service. The program is expanding steadily and appears to add strengths to both institutions.

Conclusion

There remain significant problems with which we are grappling. The addition of a number of practising internists has significantly expanded our primary care capacity. We are presently trying to develop a group mechanism to serve their patients' and the hospital's best interests in the delivery, teaching, and study of ambulatory care. In addition, we are actively trying to relate these developments to

the medical needs of the communities around us. The appropriate melding of these interests without jeopardizing our tradition of biological research and inpatient teaching is our major current goal. Meeting it in a time of serious financial retrenchment is challenge indeed.

DANIEL D. FEDERMAN, M.D.
Acting Chief of Medical Services

Report of the Surgical Services

The years 1970 and 1971 have continued to be times of change and excitement in the Surgical Service.

Our undergraduate teaching program has undergone considerable change. The Physical Diagnosis Course continues to be under the direction of Dr. Charles Huggins, and the Introduction to the Clinic is administered by Dr. John Constable; they have done excellent jobs. The Core Clinical Clerkship in Surgery has undergone further modification under the direction of Dr. George Nardi. We have allowed students an increased degree of freedom in choosing their rotations during the clinical clerkship, and each student may modify his course as the clerkship proceeds. Student opinion has been quite favorable and has encouraged us to continue this general format.

The Internship and Residency Program in Surgery continues to flourish under the direction of Dr. Leslie Ottinger. We have continued to examine the program, have eliminated less valuable rotations, and added additional rotations of special merit. The contact between the Visiting Staff and the Resident Staff on the wards and in the operating room has been increased.

The surgical House Staff now numbers 60. Of the 14 interns appointed on July 1, 1971, six were from Harvard and eight were from other outstanding medical schools. We have inaugurated periodic meetings with the Interns as well as with the Resident Staff. These discussions have been quite valuable and enlightening for everyone concerned and have resulted in a number of important changes in the Internship and Residency Program.

In July of 1970, we began a rotation in Thoracic Surgery at the Southampton Chest Hospital in Southampton, England. Two residents have an opportunity to take this rotation each year for a six months' period. The experience in General Thoracic Surgery has been absolutely outstanding, and the additional benefits for the resident and his family to live in England have been a very positive feature. This rotation is very much sought after. In addition, we have just arranged a one year's rotation which will be available every other year at the National Heart Hospital in London as an additional year of cardiothoracic surgery for those seeking board certification in this area.

During the past two years, two new specialized programs, in Plastic Surgery and Cardiac Surgery, have been developed. The Plastic Chief Residency was begun on July 1, 1970. This program has

been extremely successful, and because of increasing patient load and educational opportunities, an Intern and Senior Resident were added to the original complement of two Junior Residents and the Chief Resident. The program has now been modified so that the individual who plans a career in plastic surgery will spend the entire fourth year as the Senior Resident in Plastic Surgery. His fifth year will be spent in the usual fashion in General Surgery and will qualify him for his Boards in General Surgery. His sixth and final year will be spent as Chief Resident in Plastic Surgery. The combined program in General and Plastic Surgery will take a total of six years and will result in a saving of one year's time. On completion of the program, the Chief Resident in Plastic Surgery will be eligible for his Boards in Plastic Surgerv as well as General Surgery. Initiation of this Plastic Surgery program has done much to stimulate education and excellent patient care. A secondary effect has been a very significant increase in the number of patients with plastic surgical problems.

The first Chief Resident in Cardiac Surgery was appointed on January 1, 1971. This position, like the Plastic Surgery Chief Residency position, is a one-year job coming at the end of the General Surgical Program. The MGH surgical residents have sufficient experience in Cardiac and General Thoracic Surgery during their regular five-year program which ordinarily allows them one year's credit for their Boards in Thoracic Surgery. Thus, the additional year of Chief Residency in Cardiac Surgery combined with the MGH five-year internship and residency in General Surgery allows an individual to be board eligible for both General and Thoracic Surgery. The Cardiac Surgical Program has been most exciting and continues to develop. In addition to the Chief Resident, there are two Senior Residents and four Junior Residents assigned to this service. One of the Junior Residents comes to us on rotation from the Beth Israel Hospital Department of Surgery. Both the Cardiac and Plastic Surgical Services, of course, continue to be part of General Surgery. We are very hopeful that this type of an approach to a complex and specialized problem will allow not only excellent training for the Chief Residents who wish to make this area their life's work but also excellent training for the residents rotating through the Service. We believe that patient care has also been improved significantly.

There has been no major change in the patient care patterns on White 6 and White 7. The average census continues high and the number of operations performed by the House Staff have remained at approximately the same level during the last few years. I have been particularly pleased to see the great efforts the Visiting Staff has

made to improve teaching and patient care. The Resident Staff has welcomed this interest, and it has clearly been rewarding to everyone concerned.

The private surgical census has gradually increased during the past two years. The regionalization of cardiac surgical and other surgical patients on Warren-Baker 12 and general surgical patients on Baker 10 has significantly improved teaching and patient care on the private service. The addition of surgical patients on Baker 8 has been very important, allowing most of the surgical patients to be in these specialized areas. We are attempting to assign residents to specific teams on the private service at a time in the resident's career that would be most beneficial to his learning process.

With the move of the operating rooms into the Gray Building, numerous problems have appeared. Some changes in design have been necessary in the operating rooms as well as in the ancillary facilities on Gray 3A. They have been completed, and the use of the Gray operating rooms has been initiated in a gradual and orderly fashion. The Phillips House operating rooms and some of the Baker operating rooms have been closed. Much needed renovations in the White operating rooms are in process. Within the next few months, the completely renovated White operating rooms and the Gray operating rooms will be in full operation. While it will take some time to achieve the maximum of efficiency in these new facilities, we are very pleased with our initial experience with them and are confident that they will result in improved patient care. It is quite certain that additional operating rooms will be required in the future, and fortunately, there is additional unfinished space available on Gray 3.

To achieve better care for the postoperative surgical patient, the Surgical Intensive Care Unit on Gray 3A was opened in 1969. In the fall of 1970, Dr. Joseph Civetta returned to the MGH and has been in charge of surgical intensive care. Dr. Civetta and Dr. Joseph Gabel from the Department of Anesthesia have taken on the responsibility of the White recovery room as well and have done an absolutely superb job. With the elimination of the Phillips House and Baker recovery rooms, additional recovery room and intensive care space was indicated, and a new 14-bed recovery room intensive care facility has recently been completed on Gray 3A. This facility has been designed to achieve a separate, specialized area for pediatric patients as well.

It is really not possible to report in any meaningful way on the varied research activities of a large department such as the Surgical

Service in the limited space of an Annual Report. A complete documentation of the research activities of the Surgical Service is published in the Report of Research Activities compiled by the Committee on Research. In brief, investigative efforts include the broad areas of cardiovascular disease, transplantation immunology, gastrointestinal problems, intensive care and trauma, cancer, wound healing, thoracic disease, plastic surgery, cellular regeneration, cryobiology and organ preservation, and pediatric surgery. New laboratory facilities have been created for pediatric surgery on the fifth floor of the Research Building, for general thoracic surgery on White 3A, and for vascular surgery on White 3A and the first floor of the Research Building.

We continue to have staff meetings approximately every other month. These meetings have been a forum to discuss problems that face the Surgical Service and to strive at solutions when possible. I believe that these meetings have been very helpful and have certainly been important in keeping proper communication between all members of the Department.

The continued strength of any service is dependent upon its personnel and the new members of the Department represent our most valuable asset. During the past year and a half, Dr. Roy Wirthlin, Dr. Samuel Kim, and Dr. Andrew Warshaw have joined the Surgical Service as Assistants in Surgery. Doctor Wirthlin has interests in cancer surgery, Doctor Kim in pediatric surgery, and Doctor Warshaw in general and gastrointestinal surgery.

During the past year, preliminary plans have been developed for the eventual use of the fifth floor of the Gray Building for a surgical office and teaching area. These plans include space for Orthopedic Surgery, Oral Surgery, Thoracic Surgery, Plastic Surgery and General Surgery, as well as a library conference room and study area for research fellows.

One of the nice things that has happened during the past year has been the enthusiastic agreement of the Harvard Medical School and the Trustees of the Massachusetts General Hospital to create the Edward D. Churchill Professorship of Surgery at the MGH. Dean Robert Ebert announced the formation of the Edward D. Churchill Professorship Committee at Alumni Day Exercises on June 3, 1971. The goal is to establish a Professorship of Surgery at Harvard Medical School and at the Massachusetts General Hospital in Doctor Churchill's name. It is the most appropriate recognition of Doctor Churchill's great accomplishments in surgery and his unique contributions to the Medical School and to the Massachusetts General

Hospital. The Professorship will fulfill the long recognized need for strengthening the Department of Surgery at the School and the Hospital. Dr. John Raker is Chairman of the Edward D. Churchill Professorship Committee.

With the resignation of Dr. Melvin Glimcher as Chief of the Orthopedic Service, Dr. Thornton Brown has done a superb job as Acting Chief of that service. Dr. Henry Mankin, presently Director of Orthopedics at the Hospital for Joint Diseases in New York City, has been appointed the new Chief of Orthopedic Surgery and will begin his tenure on March 1, 1972. We all look forward with great anticipation and pleasure to work with Doctor Mankin.

Finally, I would like to thank everyone for their cooperation. This is my third year as Chief of the Surgical Services. Each year has been more interesting and exciting than the last. I could not be more pleased with the help and support that I received from the Surgical Staff, the Surgical House Staff, the other services at the MGH and from the Administration.

W. GERALD AUSTEN, M.D.
Chief of Surgical Services

Report of the Children's Service

This has been another busy, challenging, and enjoyable year. As the accounts rendered below disclose, several strengths have been added in respect to Staff and facilities. Patient care activities have either been maintained at previous levels or increased in proportion to general hospital averages. According to the Dean's office, this Service is viewed favorably by Harvard students as a place to have Pediatric Clinical Clerkships. Much effort has been expended to reach out and develop mutually valuable and rewarding relationships with physicians and others concerned with the welfare of children and their families in outlying communities. Rates of referral to the Service indicate that these efforts have been well placed. Research and innovative work have prospered too both as evidenced by the results produced and the fact that the members of our Department have fared well in their numerous competitive applications for grants-in-aid from public and private agencies. Because the research work of the Department will be summarized in the annual research booklet, it will not be discussed in detail here. Accordingly, the information outlined below in relation to the various Units of the Service will be concerned chiefly with its patient care and teaching activities.

Joseph Seaton Barr Memorial – Pediatric Intensive Care Unit
(Dr. Daniel C. Shannon, Chief; Dr. John Herrin and Dr. David Todres)

After functioning for about a year in loaned space adjacent to the Intensive Care Units on Gray 3A, this Unit moved to its completely modernized quarters on Burnham 6 this summer. These new facilities were made possible by a grant to the MGH by the Trustees of the New England Peabody Home in memory of Dr. Joseph S. Barr and by a bequest from the Wilson Fund.

The two main components of this Unit, namely a nursery for 14 premature and sick full-term infants and an equally fine facility for 7 critically sick children from 3 months through 18 years of age are so situated and designed that the members of the Staff can pool and concentrate their efforts in this one area for the benefit of all in an efficient and effective manner. Though this Unit has been open for only a short while, it has already become well known and widely utilized by New England communities.

This Unit has been greatly strengthened during the past year by the addition of Dr. David Todres of Dr. Kitz's Anesthesia Department as an essentially full-time member of the Unit's senior Staff. Dr.

Todres has had extensive experience in pediatric medicine, anesthesia, and intensive care. This arrangement is representative of the splendid support our Service has received from colleagues in the Surgical and Anesthesia Services, the Nursing Department, and the MGH Administrative Staff in the development and implementation of this most valuable, effective, and almost unique facility. Its value to the public is attested not only by the services rendered directly to sick children, but also by the fact that residents and practitioners from many other institutions and communities are now turning to this Unit for advanced and special training in intensive care.

Pediatric Surgery
(Dr. W. Hardy Hendren, Chief, and Dr. Samuel Kim)

Pediatric surgeons at the Massachusetts General are attracting a series of very capable pediatric surgical Fellows, including Drs. Patricia Donahue, David Stewart, and Farroukh Saidi during the past year. These individuals have not only strengthened directly the surgical team, but also indirectly enriched the training program for pediatric medical Staff.

During 1971, eight Harvard medical students took a Clinical Genetics elective with Dr. Holmes and five took a Somatic Cell Genetics – Human Cell Culture elective with Dr. Littlefield. Members of the Genetic Unit faculty have participated actively in teaching Harvard Medical School courses and in addition have travelled extensively in the USA and overseas as Visiting Professors, lecturers, and so forth.

Immunology Unit
(Dr. Richard Talamo)

Since its inception a few years ago, this Unit has gained considerable momentum and recognition. One of the major efforts of this Laboratory has been directed towards the quantitation and genetic typing of $alpha_1$-antitrypsin in man, and during the past year it was designated one of the two National Heart Lung Institute $Alpha_1$-Antitrypsin Laboratories in the United States. As a result, it now functions as a clearing house for a variety of interesting serum samples related to diseases in the lung, liver, and other organs. Dr. Talamo also has been appointed Vice-Chairman of a Research Evaluation Committee of the National Cystic Fibrosis Research Foundation and Co-Chairman of the International Cystic Fibrosis Congress to be held in Washington in 1973. He also has been recently named a member of a Review Committee of the National Heart and Lung Institute which will study and select recipients of large Pulmonary

Special Centers on Research Grants. This later responsibility is a major one and places him in the center of national activities in this field.

On the local scene, his Clinic continues to draw a stream of interesting patients with immunologic disorders, those particularly involving the lungs and joints.

Pediatric Cardiology
(Dr. Allan Goldblatt)

Thanks largely to the dedicated and skillful efforts of Dr. Goldblatt, Pediatric Cardiology continues to grow at a rate of about 25 percent per year. He works seven days a week at this without letup, a state of affairs which Dr. Gerald Austen and I hope to alleviate per the addition of a Pediatric Cardiologic associate for Dr. Goldblatt in the near future. His successes are thanks also to the splendid collaborative support given him by Drs. Haber and Austen and his other close associates of the medical and surgical cardiac groups. In these connections, we can report that the results obtained through medical and surgical cardiac procedures for children and babies in this Hospital compare favorably, and in some instances exceptionally, with those obtained by other institutions in the United States.

This group has experienced three major gains in this past year. One is the allocation of two modern pediatric surgical operating rooms on Gray 3. A second is the generation of a group of four senior Staff pediatric anesthesiologists under the direction of Dr. John F. Ryan of Dr. Kitz's Department. The third was the allotment of laboratory space for pediatric research in the General Surgical Services research area under Dr. Gerald Austen. This has enabled Dr. Hendren to initiate for the first time a series of laboratory-level investigations on pediatric surgical problems. Representative of these are studies in the rat of collateral circulation to the kidney and effect of accessory vascular implant, and comparison of the results of parenteral feedings, elemental diet, and colon interposition in the rabbit. Dr. Hendren has been joined in these investigations by Drs. Kim, Donahue, Stewart, Osmond, and Saidi, who are collaborating with members of the Department of Pathology, General Surgery, Radiology, Cardiology and Pediatric Medicine.

Bunker Hill Health Center
(Dr. John P. Connelly, Director, and Drs. Leo Burgin, Edward Dyer, and Judith Gieske, Pediatricians)

Under Dr. Connelly's direction, this Center has attained a strong position among the many Community Health Centers of our city and

nation. Acceptance by the community continues to run high, both in Charlestown, and more recently in Chelsea, where an outpost of the Bunker Hill Health Center has recently been established for needy preschool children. This new Unit is already serving over 2,000 children.

Dr. Connelly has been playing an active role in health care planning and practices as Consultant, National Center for Health Services Research and Development, HEW; as Consultant, Office of the Secretary for Health and Scientific Affairs, HEW; as Chairman, Committee on Pediatric Manpower, American Academy of Pediatrics; as Chairman, American Academy of Pediatrics/American Nurses Association Liaison Committee; and, finally, as a member of the Advisory Council to the Comprehensive Planning Agency, Commonwealth of Massachusetts.

The many papers and reports published by Dr. Connelly and his colleagues attest to the value of the Center as a facility for examining the realities of community caretaking and exploring and evaluating ways to meet the now ubiquitously pressing public needs for primary health services.

Primary Generalist Health Care Teams for Ambulatory, Emergency Ward, and Hospitalized Patients

(Dr. Andrew Guthrie, Chief of Team A and of the Pediatric Ambulatory Services; Dr. Edward Keenan, Chief of Team B and allied Pediatric Emergency Ward services)

These Teams have continued in their pursuit of optimal ways to provide continuous, coordinated, and as needed, comprehensive care to children who present to the Emergency Ward and Clinics of the MGH and who require hospitalization for non-critical and non-surgical reasons.

This year has been marked by a major improvement in pediatric emergency care facilities. In March of 1971, a separate pediatric area capable of housing up to four child patients was established within the confines of the general emergency area. For the first time this area effectively separated children and their families from direct exposure to severely ill, traumatized, etc., adults. This accomplishment was made possible through the combined interest and efforts of many persons, including especially Mr. Ferdinand Strauss, Mr. Carleton Goff, and members of the Ladies Visiting Committee. Thanks also to the interest of the Nursing Department, two licensed practical nurses with a pediatric background have been made available on a full-time basis to serve the needs of children in the Emergency Ward.

On the average about 38 patients are being seen in the Emergency Ward daily. This makes a total of about 13,000 children, 18 percent of all patients seen in the Emergency Ward per year.

During the late fall, a senior Staff visit system was initiated in the Emergency Ward in the belief that this type of supervision is needed at least as much in the Emergency Ward, where major decisions often must be made on scant-informational basis, as it is on the inpatient floors.

Endocrine-Metabolic Unit

(Dr. John D. Crawford, Chief; Drs. Hans Bode, John Herrin, and Joseph Warshaw)

After spending over two years with the Unit as a talented and effective trainee Fellow, Dr. Alberto Hayek returned to his native land to become Chief of the Endocrine Clinic at the Javeriana Universidad Medical School in Bogota, Columbia. At about the same time, another capable graduate, Dr. Christos S. Bartsocas, (Chief of the Pediatric Endocrine Clinic at the Aghia Sophia Children's Hospital in Athens, Greece) was granted one of the first NATO Research Fellowships to enable him to return to the MGH this past year for another three months of work. During this period, in collaboration with Dr. Hugo Moser he demonstrated the transient effectiveness of a plasma factor in correcting the metabolic disturbance of patients with disorders of mucopolysaccharide degradation. These explorations are now progressing in the direction of tissue transplant with the aim of achieving enduring correction of these disabling maladies.

In the recent past, the training activities of the Unit have been expanded to include a substantial outreach program. This includes regular endocrine consultation visits by Dr. Bode to the Newington Children's Hospital in Connecticut where he collaborates with Dr. Frederick Flynn, Chief of Pediatrics, and a number of MGH-trained pediatricians and internists in the conduct of the Clinic. An interhospital residency training program has also been set up in association with another MGH graduate, Dr. Mary Arnold, in Providence, Rhode Island, for the benefit of the residents of the Rhode Island, Roger Williams, and Miriam Hospitals. The Unit continues to operate at the MGH an active and effective Endocrine-Metabolic Clinic for the benefit of children living in the New England area. It also serves as a rich source of education and training for our House Officers and medical students.

In July of 1971, Dr. Joseph Warshaw initiated a training program in Developmental Medicine. This has been funded for five years by the NIH to prepare M.D.s and Ph.D.s for careers in this field. The

program is designed to encourage communications between basic science and clinical medicine. To that end four Units representing three Departments are involved – Dr. Jerome Gross's Developmental Biology Unit, Dr. John Littlefield's Genetics Unit, Dr. Ronald Malt's Surgical Group, and Dr. Warshaw's Laboratory. The area of biology to which this group is directing its attention is clearly of basic importance to human health and happiness in later life.

Pediatric Genetics Unit
(Dr. John W. Littlefield, Chief; and Drs. Richard Erbe, Lewis Holmes, Lee Jacoby, and Aubrey Milunsky)

This Unit has continued to thrive as a clinical caretaking, research, and training organization. There are now five post-doctoral Fellows, with seven due to come next year. The present Fellows are dividing their energies about equally between clinical and laboratory research. In addition, they have one post-doctoral student sponsored by the Department of Biophysics, two medical students doing laboratory research for 6-12 months, and two visiting geneticists from other universities.

Clinical genetic research conducted under the direction of Dr. Holmes is centered on the many congenital malformations encountered at the MGH, The Boston Hospital for Women, and the Fernald School. Dr. Erbe is responsible for Genetic Rounds which now attract 10-20 people weekly. He also is engaged in city-wide plans for screening patients with sickle cell anemia. Dr. Milunsky's Prenatal Diagnostic Unit has done over 100 amniocenteses and his review series in The New England Journal of Medicine last year made the Unit well known across the country. Under his aggressive leadership, the Genetic's Clinic attendance has increased dramatically during the past year from 53 in 1970 to 258 in 1971.

Pediatric Hematology
(Dr. John Truman)

This Unit was established this year in recognition of the importance of this sub-specialty to child care and pediatric teaching and research. Dr. Truman's work in this area has been attracting to the MGH a very considerable number of children with challenging hematological problems. Included among these are a number of patients with acute leukemia whom he is treating vigorously per the St. Jude's protocol of intensive therapy. In this connection, he was enabled by a grant from the Dalton Fund of the MGH to confer with the directors of several of the major leukemia therapy centers in the nation this fall. As a by-product of this, he was asked by the Chief of the

pediatric section of the Acute Leukemia Group B Multihospital Group to head the study group for neuroblastoma therapy and to write the new treatment protocol for 35 participating hospitals in the United States, France, Switzerland, and Denmark. This work is being supported by the National Cancer Institute of the NIH. He is also being supported in conjunction with Dr. Erbe of the Genetics Unit in studies on the incidence and psychosocial impact of sickle cell disease and G-6 PD deficiency among children and their families. In the teaching area, a number of the students taught by him in the Hematologic section of the Human Biology III course at Harvard have expressed a wish to spend elective time with him in Pediatric Hematology.

Pediatric Seizure Disorder and Learning Disability Unit
(Dr. Mary Louise Scholl, Chief, and Dr. Hilda Tawil)

Dr. Scholl was enabled by a grant from the Allen P. and Josephine B. Green Foundation to offer Dr. Tawil a fellowship in Diagnosis and Comprehensive Treatment of children with Learning Disabilities. This has somewhat relieved Dr. Scholl of the heavy public pressure for her services in the management of children with learning disabilities. This was further alleviated by the addition of Mrs. Mary Burres, a learning disability coordinator, also financed by the Green Foundation, who joined her group this fall. Mrs. Burres has helped to fill the gap which has existed between hospital diagnostic services and implementation of the recommended therapeutic programs in schools. This she has accomplished by acquainting herself with all the available remedial education facilities and programs not only within the state but also in the New England area. When necessary, she has visited schools, observed the patients in their educational programs, arranged meetings between the educators and parents, and given concrete help to both in devising specific milieu in which the child can function best. It is Dr. Scholl's hope that their Unit will serve not only as a team-training facility, but also as a model for other pediatric services which are seeking to meet the total needs posed by such children. They are planning in the spring of 1972 to extend their training program to involve practicing pediatricians who are interested in obtaining some expertise in learning disabilities.

Harvard-Ford Interfaculty Seminar on Childhood
(Nathan B. Talbot, Chairman)

Dr. Talbot has been named Chairman by a Committee of Deans of Harvard University of an Interfaculty Seminar to run for three years on "Raising Children in Modern Urban America: Problems and

Prospective Solutions." This provides an unusual opportunity to tackle a subject of national significance in company with experts representing government, politics, business, law, the arts and sciences, urban design, and education as well as with those representing medicine and public health. The seminar is supported by a grant from the Ford Foundation to Harvard University. It is planned that the results of these interdisciplinary proceedings be made available to the public-at-large through the publication of a book.

Child Behavior Unit
(Dr. Mary C. Howell, Chief)

This Unit mediates its efforts through two chief channels. One is the Family Evaluation Unit which continues to see a gradually increasing number of children for the purpose of searching out and dealing with the social and behavioral causes and consequences of the diseases with which they present. Over 200 children were saved in 1971.

The second medium has been the Street Youth Program. This is designed to make available the medical and social services of our institution to young people living on the streets of greater Boston as runaways, rejectees, and so forth, who might otherwise receive no care at all. The Program provides patient advocates who serve not only to accompany the patients and smooth their way in the hospital, but also to act as counselors when needed. In some instances, positive changes in the life style of these young people have been brought about through the help of patient advocates. The Program has been working in alliance with other departments of the hospital (inpatient, clinics, and Emergency Ward) to provide care to an average of 75 patients a month. It also is engaged in the detoxification of about 50 young people every month.

Pediatric Associates
(Dr. Thomas Peebles)

The Pediatric Associates Group has engaged in the development of primary health care methods at the MGH and in satellite neighborhood health centers in Weston-Route 128 and the North End. Their program has included the utilization of nurse practitioners who work as members of the staff in these Centers and who in addition make hospital rounds on behalf of the physician Staff on the MGH Burnham floors and in the newborn nurseries at other hospitals. They feel that this has been helpful in promoting continuity in patient care as well as in increasing the effectiveness of the individual physicians concerned. Automated Multifaceted Health Testing Methods are

being used in an effort to increase the efficiency of the delivery system, and new approaches to prepayment of medical care are being explored (in the hope that more economical and palatable modes of meeting costs).

Pediatric Education

(Drs. Thomas Peebles, John C. Robinson, and John Truman)

The Service's education efforts have been expanded markedly in the past two years to provide continuing education to physicians in community hospitals in the New England area. Dr. Peebles circularizes more than 150 hospitals each July, offering to them an extensive choice of speakers and subjects. As a result, members of our Service are frequently "on the road" developing excellent individual relationships by their willingness to go out and talk with small groups in community hospitals. The Harvard Continuing Education Course in Pediatrics at the MGH is also continuing successfully, thanks to the efforts of Dr. Peebles as its Director and to the many members of other MGH and Harvard Departments who have joined with members of our Department to offer a truly comprehensive program presenting recent advances in all the subspecialty areas of Pediatrics. A series of evening dinner programs for pediatricians and family practitioners from all over New England, first suggested by Dr. Aubrey Milunsky, sponsored by the MGH Administration via Mr. Henry Murphy, and hosted by Dr. Robert Ganz, has been very successful. After a social gathering at dinner, members of our Staff present rapid-fire talks of clinical interest concerning pertinent diagnostic and therapeutic subjects.

The medical student clinical clerk program as run by Dr. Robinson and the introduction to clinic program as run by Dr. Truman continue to be very well received according to reports from the Dean's office at the Harvard Medical School.

NATHAN B. TALBOT, M.D.
Chief of Children's Service

Report of the Department of Pathology

The Department of Pathology was pleased to welcome back Dr. Gerald Nash after three years of military service at the United States Institute of Surgical Research in San Antonio, Texas, a large center for burned patients. His experience with many cases of herpes simplex infection of the lower respiratory tract led him to believe that this supposedly rare infection is more common than was hitherto recognized, and upon returning to the Massachusetts General Hospital he reviewed some of our autopsy material and found several examples of herpetic tracheobronchitis and pneumonia. A predisposing factor in these cases was airway trauma, from either tracheal intubation or inhalation injury occurring in burned patients. Dr. Nash has become the pathology liaison member of the Pulmonary and Respiratory Units.

We were also happy to welcome back from the Army Dr. James J. Galdabini, who has already resumed his relation with the Gastrointestinal Unit. Like other fields of medicine in a large teaching hospital, pathology has need for specialists. We are fortunate that each member of our staff, in addition to being a generalist, does have a special field of interest, and thus most of the clinical services and their units are fairly well covered by pathologists experienced in those specialties.

Dr. Robert E. Scully has continued to study a variety of tumors of the ovary and broad ligament and also disorders of testicular function. He has cooperated with Dr. Arthur Herbst of the Gynecological Service in the establishment of a Registry of Clear-Cell Adenocarcinoma (Mesonephroma) of the genital tract in young women whose mothers had been treated with estrogens during pregnancy. Dr. Scully was chairman of the WHO Group, meeting in Geneva, on Classification and Nomenclature of Ovarian Tumors. He conducted the annual slide seminars of the American Society of Clinical Pathologists and the Mexico City Society of Pathologists.

Dr. James B. Caulfield, the pathology member of the MIRU (Myocardial Infarction Research Unit), continued his work with patients in cardiogenic shock who are supported by the MGH-AVCO balloon. The results have indicated that this form of therapy prevents the formation of myocardial-shock lesions until a near terminal period. More recently, Dr. Caulfield became the pathologist for the Arteriosclerosis Center at the Massachusetts Institute of Technology where he has an ideal opportunity to work with highly qualified

physicists on a number of interesting biologic problems relating to flow, transvascular transport, and the effects of plaques on flow velocity and volume. During September Dr. Caulfield was in Capetown for a meeting on cardiomyopathies in conjunction with the inauguration of the Medical Research Council of South Africa and in Nairobi for a meeting on African cardiomyopathies sponsored by the Mid-African Cardiology Society.

Dr. James J. Daly, our liaison with the Urological Service, has continued his research with Dr. George Prout. The purpose of their endeavors is to obtain information concerning the immunologic, chromosomal, and enzymologic characteristics of chemically-induced rodent bladder cancer and spontaneous human bladder cancer. An increasing number of cancers of the human bladder are believed to be caused by hitherto unrecognized environmental carcinogens. After demonstrating that urothelium harbors tissue-specific antigen, they are currently searching to define tumor-specific antigen in spontaneous and induced bladder cancer. Heterologous antiserum raised against such tumors, when fully absorbed with multiple normal tissue extracts, is found to precipitate only with extract of the appropriate tumor. Identity is now being sought between such tumor-specific components and fetal urothelium and epithelium, a situation that would be comparable to the carcinoembryonic antigen present in tumors of the embryologically (entodermal origin) and ontogenically (hind-gut derivation) related colon.

The liaison member with the Dermatology Service is Dr. Martin C. Mihm, Jr., who has finished his training in dermatology and is now completing his requirements for the American Board of Pathology. He will become our dermatopathologist, succeeding Dr. Wallace Clark, who left us a few years ago to become Professor of Pathology at Temple University. Dr. Mihm's interest in malignant melanoma, originally fostered by Dr. Clark, has continued and resulted in invitations to lecture on this subject at several universities in this country and in Switzerland and Germany. With Dr. Fitzpatrick, he is co-director of the Pigmented Lesion Clinic, where all cases of primary malignant melanoma are seen, and follow-up care is provided. Dr. Mihm has expanded the teaching program so that residents in both dermatology and pathology are exposed to special instruction in dermatopathology.

Dr. N. Scott McNutt has continued his investigation of the ultrastructural abnormalities in cancer cells in collaboration with Dr. Paul Black and Dr. Lloyd Culp of the Department of Medicine. They have studied several types of tissue-culture cells, either infected with SV40

tumor virus or uninfected, to compare the fine structure of cells with different degrees of contact inhibition of growth and movement. They have found that the phenomenon of contact inhibition is closely correlated with the presence of aggregates of cytoplasmic microfilaments that appear to be fibrous actin, a prominent component of a contractile system involved in cell motility. With Dr. Robert Hershberg, a former resident in pathology, Dr. McNutt has completed a study of cell-to-cell junctions in dysplasia and carcinoma-in-situ of the human cervix. They have documented that a loss of cell-to-cell junctions parallels the increase in the dysplastic alteration of the epithelium. A loss of one kind of junction called the nexus, or "gap junction," is a very early feature of this type of malignant transformation. Since the nexus may be important in cell-to-cell communication, its loss could be the preliminary event before a tumor can become highly invasive. With Dr. Mihm and Dr. Robert Colvin, both at present residents in pathology, Dr. McNutt is further testing this hypothesis by extending these observations to other types of human tumors that usually exhibit a predictable degree of invasive behavior. Dr. McNutt has continued to collaborate with Dr. Ronald Weinstein, who left the Massachusetts General Hospital to meet his military service obligation as director of the electron microscopy laboratory at the Aerospace Medical Research Laboratory, Wright-Patterson Air Force Base, Ohio. They have made important improvements in the freeze-cleave technics so that they are now able to obtain very high resolution images of the internal structure of the plasma membranes. They are now doing further investigation of the internal reorganization of the structure of cell membranes that occurs at cell-to-cell junctions, such as the nexus, desmosome, and "tight" junction. Dr. Weinstein has accepted the position of Associate Professor of Pathology at Tufts University, beginning September, 1972.

Dr. Kilmer S. McCully has continued his work on the function of homocysteine derivatives in growth and arteriosclerosis. The granular proteoglycan produced by cultured cystathionine-synthetase-deficient cells was found to result from increased binding of esterified sulfate to the matrix macromolecules. The increased binding of sulfate in these cell cultures is similar to the action of sulfation factor which mediates the action of growth hormone. Pyridoxine, a necessary cofactor for cystathionine synthetase, was found to stimulate the growth and production of fibrillar matrix by cell cultures from a patient with pyridoxine-responsive homocystinuria. No effect of pyridoxine was observed in the cell cultures from a patient who

failed to respond to pyridoxine therapy. The cell cultures deficient in cystathionine synthetase assumed an abnormal cellular distribution on the surface of the culture dish, resembling the distribution assumed by neoplastic cells with loss of contact inhibition. The degree of abnormality of cellular distribution correlated with the amount of granular proteoglycan produced by the cells and the amount of sulfate binding by the cell cultures. Using a new method for culturing chick embryo chondrocytes free of other cell types, he discovered that homocysteate, the fully oxidized derivative of homocysteine, had sulfation factor activity. Sulfation factor is known to mediate in part the effects of growth hormone, but its chemical nature was not previously known. This substance, partially purified from normal serum, was shown to have the chromatographic properties of homocysteate. Sulfation activity was found to be transported in the low-density lipoprotein fraction of serum. Since the administration of homocysteine initiates arteriosclerotic plaques in experimental animals, the transport of sulfation activity by lipoprotein may explain why persons with a high lipoprotein concentration have an increased risk of accelerated arteriosclerosis. These findings suggest a key role for homocysteate in the action of growth hormone and contribute to an increased understanding at a molecular level of the processes involved in the initiation of arteriosclerosis.

The major projects in Dr. Barbara Sanford's laboratory this past year involved a search for the mechanism underlying neuraminidase-induced cell-surface alteration. Absorption studies and direct cytotoxic tests indicated that sialic acid is not essential for H-2 antigenicity, and that neuraminidase does not act through unmasking of H-2 antigens. With Dr. John Codington of the Carbohydrate Research Laboratory, she initiated a study aimed at the isolation and characterization in guinea-pig serum of a toxic factor that reacts with neuraminidase-treated cells. Another collaborative project on regeneration of cell-surface glycoprotein was carried out by Dr. R. C. Hughes of the National Institute for Medical Research, Mill Hill, England, and Dr. Roger Jeanloz of the Carbohydrate Research Laboratory.

Dr. Harold Dvorak's research has continued to focus on cutaneous basophil hypersensitivity (CBH), the new form of immunologic response that he and his colleagues discovered. CBH is characterized by infiltration of the tissues with basophilic leukocytes, fragile cells that can be recognized reliably only after fixation and embedding of the type employed for electron microscopy. It is thought that

basophils are attracted to a local site by prior interaction of sensitized lymphocytes with antigen. During the past year animal studies have indicated an association of this type of hypersensitivity with immunity to the vaccinia virus, with allograft rejection, and with resistance to carcinogen-induced syngeneic tumors. Dr. Dvorak and Dr. Mihm, after developing suitable technics for identifying human basophils, proceeded to study contact allergy in man as a model of CBH. They found that basophils comprised 10 to 15 percent of the total cellular infiltrate in the lesions of allergic contact dermatitis to poison ivy, as elicited in Dr. Dvorak's own arms. This represents the first time this cell has been observed in tissue sections of human pathologic material. With the support of a new NIH grant for human studies, it has been possible to expand this work considerably, and they are studying a variety of immunologic lesions as they occur in MGH patients and as elicited in prisoner-volunteers at the nearby Charles Street jail. Since sensitized lymphocytes are believed essential for attraction of basophils, considerable attention has been devoted to the function of lymphocytes in animals primed for CBH. Good correlation was found between CBH reactivity and expansion of the paracortical zone of draining lymph nodes with lymphocyte proliferation and blast-cell transformation. Tissue-culture studies conducted with a medical student, Mr. Robert Bast, showed that lymphocytes from animals exhibiting CBH were stimulated to undergo blast transformation in the presence of specific antigen. Of interest, lymphocyte stimulation required larger doses of antigen than were required to stimulate cells from animals exhibiting true delayed hypersensitivity, suggesting that the lymphocytes participating in CBH have a low avidity for antigen. With this and related work Mr. Bast earned high honors at the Harvard Medical School.

Inherent in the training program in pathology is the plan to give the trainees an exposure to research technics and an opportunity to carry out investigations and their observations. Dr. Elizabeth Hammond and Dr. Colvin are working on such projects in Dr. Dvorak's lab. Dr. Hammond is studying various aspects of macrophage metabolism, particularly as it is affected by the presence of cellular hypersensitivity. A joint effort, involving electronmicroscope collaboration with Dr. Ann Dvorak at Tufts, has demonstrated alterations in the cell-surface structure that may permit an understanding of the nature of macrophage-lymphocyte interaction. Dr. Colvin is handling specialized aspects of renal pathology for the department, including study of plastic-embedded thin sections and fluorescent antibody analysis of appropriate case material. He has recently

finished a clinicopathological study of renal-cell carcinoma with members of the Department of Urology and Radiology. With Dr. Castleman, Dr. Arthur Schantz has reviewed cases of mediastinal seminoma and parathyroid carcinoma. Dr. Alan Schiller, now in his last year of training, is interested in comparative pathology and has received an unsolicited contract from the National Cancer Institute to write a book on comparative oncology in the dog, cat, and man. This work is currently being carried out at the Massachusetts General Hospital and the Angell Memorial Animal Hospital. Dr. Schiller's ability as a teacher at the Harvard Medical School and at orthopedic house officers' teaching rounds has prompted students and House Staff to send me letters of appreciation, a rare occurrence these days.

In answer to my request for a report of the Cytology Unit Dr. Priscilla D. Taft wrote as follows: "In January 1957 I became director of the cytology laboratory, and the laboratory was moved from Vincent I to Warren I into 475 square feet of space, 130 in my office and 345 in an adjoining large room. The staff consisted of six technologists and a secretary, and 10,141 specimens were processed that year. By 1966 the volume of work had increased to 17,225 specimens, and the floor space had been increased by approximately 70 square feet. In 1971, 23,069 specimens were processed, and 13 people now work in 415 square feet of space. Crowding exacerbates minor problems so that at times it has been difficult to obtain and keep personnel. Storage is becoming a problem because of increasing volume and lack of space." Similar conditions prevail in the paraffin histology and neuropathology laboratories, where the volume and personnel have also increased during the past 15 years. It is hoped that relief will be forthcoming!

Dr. Leonard Atkins reports that the cytogenetics laboratory continues to set new records. In 1971, 790 specimens were processed. Use of the quinacrine mustard fluorescent-staining technic is continuing and has proved of practical value in two translocation cases in which the specific chromosomes involved could be identified. Recently, Dr. Atkins has begun to use some of the new DNA denaturation technics, which produce specific banding in the chromosomes and can be used for their identification. The amniotic-fluid studies for prenatal diagnosis of chromosomal abnormalities done in collaboration with Dr. Aubrey Milunsky now include over 100 cases; abnormalities have been found in 2 cases.

In connection with the preparation of construction of the new cancer management building, the wing of the basement of the Warren Building housing the morgue and the Allen St. entrance had to be

sacrificed, requiring the construction of a new entrance behind the Phillips House and the replacement of a large research laboratory in the Warren basement by the new morgue. Because of the vibratory effects of the construction the electronmicroscopy laboratories were moved. Dr. Sanford Roth moved an instrument to White 3A, and Dr. Caulfield transferred his entire laboratory to Dr. Burke's laboratory in the Shriners Burns Institute. Dr. Roth will continue his non-electronmicroscopic research in Dr. Caulfield's former laboratory.

A high point of the past year was a reception and dinner at the Harvard Club in honor of Dr. Castleman on October 29. More than 200 alumni and members of the Department of Pathology gathered to pay tribute to their Chief. Although premature as a farewell since Dr. Castleman retires in September, 1972, the meeting of the American Society of Clinical Pathologists in Boston at that time afforded the opportunity for many alumni from distant areas to attend this reunion. It was a heartwarming evening marked by many happy recollections of past events. It was indeed a memorable occasion of nostalgia and homage.

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

The statistics of the diagnostic examinations are as follows:

	1970			1971		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	858	78	931	823	196	1,019
Autopsy percentage	58.7			60.8		
Surgical specimens	13,447	5,839	19,286	17,931	2,431	20,362
Microscopic preparations			91,083			95,531
Cytological specimens	12,539	10,154	22,693	11,823	11,246	23,069
Cytogenetics specimens	258	465	723	272	518	790

Report of the Department of Psychiatry

Introduction

During 1971, the Department of Psychiatry directed considerable attention to the delivery system for mental health services. A major accomplishment in this direction was the rapid increase in programming for the Erich Lindemann Mental Health Center and the Harbor Area (the designation for its population base). In addition, teleconsultation, community outreach programs, "walk-in" clinics, the use of group techniques, and the focus on brief treatments continued to be developed.

Even with an optimal delivery system, the effectiveness of a treatment program will be limited by the quality of the product which is to be delivered. Both the basic research laboratories as well as the clinical services are engaged in wide-ranging studies of the biological, psychological, and social causes of mental illness with the ultimate hope of increasing the effectiveness of psychiatric treatment.

Major Clinical Areas: Service, Training, Research

Inpatient Psychiatric Services (Dr. Bernard Levy)

The Psychiatric Inpatient Service provided hospitalization for 168 patients (average stay of 48 days). Approximately thirty percent of those hospitalized suffered from manic-depressive illness. Many of these patients were treated with lithium carbonate which offers considerable hope for prolonged remission. The other large group of patients admitted were young people suffering from an acute schizophrenic illness. The results of treatment are remarkable in that none of these patients over the past three years has been chronically hospitalized. In an effort to shorten patients' hospitalization and to provide better utilization of the ward, day hospital patients have been admitted. These patients come to the hospital in the morning, spend the day in the hospital receiving psychiatric treatment, and return home in the evening to be with their families. This can be a useful and powerful psychiatric technique. Unfortunately, its utilization is limited because most insurance benefits do not include this type of treatment.

The ward continues to serve as a primary area for the training of first year psychiatric residents. In addition, residents from the Neurology Service rotate through for an experience in clinical psychiatry. During the past year, 58 Harvard medical students have taken their core clerkship in psychiatry on the unit and have contributed to patient care by their enthusiasm and conscientiousness.

The primary area of clinical research has been the study of manic-depressive illness and its treatment with lithium. Our other area of interest has been the history of psychiatric illnesses treated in our type of inpatient unit. The results are interesting in so far as there have only been two suicides following discharge of over 500 patients treated on our unit. In addition, as mentioned before, there have been no patients whose first admission occurred on our unit who have become chronically hospitalized. Lastly, there is a minimum of acting-out behavior on the unit during hospitalization. Suicide attempts, running away, and violence are uncommon. This makes the unit a much more pleasant place in which to work, and also less fear-provoking for patients.

This unit is completely integrated by social class. Patients are admitted who are in the Baker, Phillips House, or General Hospital categories. The treatment and accommodations are the same, and there has been almost universal acceptance by the patients of this organization. Although many patients have wished for more generous accommodations, the facilities provided have been accepted by patients who have included physicians, wealthy patients, middle-class patients, and patients supported by the Welfare Department.

Consultation Service (Drs. Thomas P. Hackett, Avery D. Weisman, Benjamin R. Gill, Michael J. Bennett, Thomas F. Dwyer, Frederick G. Guggenheim, Alfred J. R. Koumans, Danuta Stachiewicz)

The psychiatric consultation service sees approximately 3,000 medical and surgical patients a year. As an integral part of the residency training program, it provides a wide exposure to a variety of psychiatric conditions commonly found in a general hospital. Emphasis in training is placed on making an accurate diagnostic appraisal and in formulating a practical program of therapy. Our concept of treatment in liaison psychiatry consists of two parts. First is in the use of direct intervention techniques such as short-term or limited-goal therapy, drug therapy, hypnosis, and other somatic treatment methods. Second, the resident must learn ways of helping the medical and surgical Staff understand how emotional difficulties contribute to the patient's disease. Our intention is to help the Staff use the psychological knowledge taught them to effect better patient care. In addition to consulting on individual problems and making appropriate recommendations, the resident takes part in teaching exercises with nurses and social workers via social service rounds and nursing groups. Each psychiatric resident is assigned to one primary ward where he takes part in all of the ward's functions. The resident

also has one or two secondary wards where he sees only those patients in need of immediate psychiatric care. There is usually one rotation during the resident's six months on the service. Generally the resident will switch his primary ward from a medical to a surgical or vice versa.

The demand for psychiatric consultation has increased at a considerable rate over the past ten years. Whereas in the past the consultant was called in to see only obviously psychotic patients or to dispose of patients requiring commitment, he now takes a much more active part in the general care of medical and surgical patients.

During 1971 the consultation service was engaged in several areas of research: (I.) Cardiovascular Research. (A) Myocardial Infarction (Drs. Thomas P. Hackett, Ned H. Cassem, Arthur P. Froese, Ernesto Vasquez, and Miss Elizabeth Silverberg) This is the fifth year of a project designed to investigate the reactions of patients with acute myocardial infarction. It includes the pre-hospital phase, the CCU, and cardiac convalescence state. (B) Heart Surgery. 1) A control study of the use of hypnosis for the relief of pain and discomfort following mitral valve surgery (Dr. Owen Surman and Miss E. Silverberg). 2) A study of the incidence, course, and characteristics of delirium following coronary artery by-pass graft surgery (Drs. T. Hackett, N. Cassem and E. Vasquez). (C) A study of the GSR response as a measure of psychological stress in patients hospitalized in the CCU (Drs. T. Hackett, A. Froese, and Miss E. Silverberg). (II.) Medical Hypnosis. A seminar in medical hypnosis is given twice a year by Dr. Hackett. The emphasis is on teaching methods of induction as well as indications and contraindications for its application. There is a study on the removal of warts by hypnosis (Dr. O. Surman and Dr. Sheldon Gottlieb). Using a polygraph with thermisters, it is our hope to uncover information on the physiological concomitants of wart regression. Data is being accumulated on the usefulness of hypnosis in premature ejaculation and potency disturbances. We are particularly interested in determining the type of individual most apt to be helped and on establishing a standardized technique for doing so. (III.) Chronic Pain Syndromes. An ongoing project on the evaluation, diagnosis, and management of chronic pain syndrome continues in conjunction with the Neurosurgery Department. (IV.) Emotional Adjustment of Paraplegics (Dr. Thomas Stewart). Using long-term psychotherapy as the principle method of collecting data, this study is designed to investigate methods of coping employed by the person with cord damage. (V.) Use of Teaching Groups for ICU nurses (Dr. Gerald Lazar). Case oriented

small-group teaching is explored as an adjunct in improving nursing care. (VI.) The Accident Process (Dr. Lawrence Osborn). The psychosocial background of accidents is investigated in the Emergency Ward.

A Private Psychiatric Consultation Service was established in July 1969 to make more readily available to the semi-private and private medical and surgical services: (1) emergency psychiatric consultations; (2) longer term integration in the psychological management of the "difficult patient." The Private Consult Service provides direct clinical care to patients in the Baker Memorial and Phillips House at the request of the patient's physician. During 1971, 193 patients were seen in consultation. The Private Consult Service also participates indirectly in patient care through: (1) informal contacts with attending physicians, house officers and nursing staff; (2) some teaching conferences for the nursing staff; (3) coordination with two psychiatric nurse clinicians assigned to the private medical and surgical services.

Referrals for private out-patient evaluations and psychotherapy are also handled through this service (by Dr. Gary Jacobson). Three hundred and forty-five patients were referred to the roster of 86 psychiatrists, who, for the most part, have part-time or full-time Departmental appointments.

Research interests are currently focused on: (1) the role of the psychiatric nurse clinician and the resistances encountered at various levels of medical care; (2) the setting of the suicide threat in the physically ill medical patient.

Psychiatry Clinics (including alcohol and drug services) (Drs. Aaron Lazare, John Renner, Joseph Schwartz, Sidney Green, Eleanor Hanna, Charles S. Mullin, and Thomas C. Hartford)

The Psychiatry Clinics (Acute Psychiatric Service and Psychiatry III) provided approximately 25,000 patient visits to 6,000 patients during 1971. Patients are evaluated on a walk-in basis in the APS or by appointment in Psychiatry III where priority is given to intraclinic referrals.

In order to deal with the heavy service demands in the Acute Psychiatric Service, we have developed and are implementing the use of six-session group therapy, waiting room group therapy, and individual brief psychotherapy. Special attention is paid to understanding the consumers' expectations as a key to engaging patients in a therapeutic encounter. Fourteen models of patient expectations have been described. Current research in this area is designed to

study the relationship of patient expectation to therapist response, treatment outcome, and other variables.

During 1971, a Psychopharmacology Clinic was organized under the leadership of Dr. Schwartz. This clinic will undertake to treat patients who require maintenance dosage of psychotropic drugs. The patients first meet in a large group setting before being seen by a physician for medication evaluation. Symptom rating scales are used as measures of the clinical picture.

The past year has marked a continued expansion of our services for drug abusers and the development of new programs to reach alcoholic patients who have previously not been served by our clinic. There has been a particular emphasis on younger patients who are in the early stages of involvement with either drugs or alcohol.

Because of our increased number of staff, the clinic is now able to provide a larger number of hours for both the evaluation and treatment of alcohol patients. Money has been provided by the Edward Bird Trust to enable the MGH, in cooperation with the Pine Street Inn, to improve the transportation system for alcoholics desiring voluntary admission to the Massachusetts Correctional Institution at Bridgewater. This has reduced the number of alcoholics coming to the clinic seeking admission to Bridgewater and has made available more time for the treatment of long-term outpatients. Miss Merrill Lynn Page, R.N. has recently been added to the staff of Psychiatry I; part of her responsibilities will be the evaluation and treatment of Alcohol Clinic patients. We are working with the Probation Department of the East Boston Court to establish a program for young persons arrested on alcohol-related charges.

In cooperation with the Pediatric Service, the Street Youth Program was instituted in January, 1970, with a grant from the Division of Drug Rehabilitation of the Department of Mental Health. This program is being directed by Jill Barnes, R.N., and employs a social worker and ten street-workers. It has been a unique opportunity to introduce paraprofessionals into the hospital setting. The major thrust of the program has been to ensure adequate medical care for alienated youngsters, runaways, and drug abusers. The street-workers have also been useful for consultation in Psychiatry I and the Emergency Ward. They have set up effective programs for individual consultation, counseling, referral, and group therapy. They have worked in close cooperation with the Alcohol Clinic in the development of our program for adolescent alcoholics. In addition, the weekly teaching conference for the Alcohol Clinic has been expanded to include the staff of the Street Youth Program. This

conference now includes a broad spectrum of teaching material and case presentations in the areas of both drugs and alcohol.

In the spring, a two-month Training Program in Alcoholism for experienced professional nurses and social workers was carried out in cooperation with the Departments of Social Service and Nursing. The success of the program was related to a very distinguished faculty including many national authorities on alcoholism.

The outpatient methadone detoxification program has been greatly expanded, primarily through the assistance of the Street Youth Program. In comparison to 1970 when 2 percent of the addicts seen returned for treatment, we have now achieved a rate of 29 percent successful detoxification. Our staff has also worked closely with the East Boston Drug Action Council and Project Turnabout, two self-help drug rehabilitation programs in Boston, and with the Boston area NARA (Federal Narcotic Addict Rehabilitation Act of 1966) program, which is administered by the East Boston Social Centers, Inc. In addition, the staff has been active in community drug education, particularly by participating in the Family Night program sponsored by the City of Boston's Coordinating Council on Drug Abuse.

There are several research projects being conducted by staff members. Dr. Hanna is continuing her work on the relationship between factors of alienation and alcoholism. She is also doing a study on the physical appearance of alcoholic patients and how this correlates with their evaluation as desirable therapy candidates. In addition, we are carrying out a comprehensive evaluation of the effectiveness of our methadone detoxification program.

Child Psychiatry Unit (Drs. John H. Lamont, Norman R. Bernstein, Richard R. Peebles)

The primary changes during the year have been:

1. A continued increase in the number of children seen with 2,586 visits per year and 120 children in treatment at any given time.

2. Actual clinical service is greater than these figures indicate because residents see cases in consultation in the Family Evaluation Unit of the Children's Medical Service.

3. A larger proportion of the residents' time has been allocated to consultation and treatment in affiliated community clinics (Bunker Hill, North Suffolk Mental Health Clinic).

4. In addition to the teaching of residents in Child Psychiatry, there has been an increase in teaching of residents in the Basic Residency Program (second year residents spend three months half-

time in Child Psychiatry and second and third year residents carry treatment cases through the year), of psychology trainees, social work students, medical students, and nurses.

5. With the increase in number of residents, it has been possible to offer more diverse training experience, e.g. regular consultation with a nursery school, patricipation in research at the Child Development Laboratory, joint teaching with the Children's Medical Service, the Fernald School.

6. It is anticipated that there will evolve closer teaching and consultation with the various components of Lindemann Mental Health Center and its affiliated community clinics during the forthcoming year.

Teaching Medical House Officers (Drs. Thomas F. Dwyer, Michael Bennett, Frederick Guggenheim)

This program's aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to emotional disturbances in their patients.

During the calendar year of 1971 the program's goals have been facilitated by the use of a portable video tape recorder and of fixed video equipment that is part of Teleconsultation. With the permission of the House Officer and the patient, interviews are recorded on the ward or in whatever medical setting is appropriate to the transaction. The recording is played back on a portable television monitor before the House Officer and one of our instructors with a full discussion of the interaction of the doctor and patient on each other. Video tape recordings of interviews of normal personality types are being prepared and used with House Officers and psychiatric residents on consultation.

Teleconsultation and Telepsychiatry (Dr. Thomas F. Dwyer)

1. Teleconsultation: An interactive television system between Bedford Veterans Administration Hospital and MGH began operation in March 1970. The system is being used to provide patient care, teaching, and research in various disciplines. Psychiatric residents and staff have participated both as consultants and trainees in this new technique. Middlesex Community College, located in buildings formerly used by the Bedford hospital, is exploring with us the significance of learning disorders in young adults.

2. Telepsychiatry: The interactive television connection between the Medical Station at Logan Airport and MGH beginning in mid-1969 and continuing through 1970 has been increasingly used

for psychiatric evaluation and consultation. Beginning in September 1970, a program reaching out into the East Boston and Nahant communities provides psychiatric consultation to school teachers, probation officers, and others who are concerned with children.

Psychology Service (Drs. Sherry B. Autor, Richard R. Peebles, Mrs. Anne Alonso, Miss Ellen Daniels, Mrs. Susan Quinby)

I. Clinical Psychology has major commitments to service, training, and research.

A. Psychodiagnostic Services: The Psychology Laboratory provides hospital-wide psychological services for adults and children. Psychological evaluations are offered for assessment of personality and of intellectual functioning, differential diagnosis in questions of organic versus functional etiology, and vocational and aptitude testing. The evaluations are used as aids in diagnosis and treatment planning for medical, surgical, neurological, and psychiatric patients.

B. Patient Care in Psychiatric Units: Psychology Staff and interns are part of the Psychiatry Department Staff providing diagnosis and treatment in all of the Psychiatry Department Out-Patient Care Units.

C. Teaching: Psychology Staff participate in the training of psychiatric residents as well as psychology interns. A major teaching effort this year has been in developing and co-leading with other Psychiatry Department members the need for multi-disciplinary didactic and clinical training programs in family and couples therapy.

II. Training in Clinical Psychology and Community Mental Health

A. The Clinical Psychology Training Program was begun in 1968 to provide a Clinical Training Year for students fulfilling the internship requirement for the Ph.D. in Clinical Psychology. The program's scope has broadened considerably since its inception. In addition to the Ph.D. candidates, subdoctoral professionals in psychology seeking intensive training in diagnostic and clinical skills are included.

B. Community Mental Health: In accord with the growing need for community mental health skills in our modern urban society, training experiences with community problems and preventive approaches to mental health have been made an integral part of the clinical psychology training program. The psychology interns affiliate with the Erich Lindemann Mental Health Center and Harbor Area Community Clinics. The Erich Lindemann Mental Health Center opened July, 1971, and operates in conjunction with the Massachusetts General Hospital Department of Psychiatry for residency training, staff appointments, and clinical direction. Massachusetts

General Hospital staff psychologists are working closely with Lindemann Center staff to provide clinical services to the Harbor Area population.

The Clinical Psychology and Community Mental Health Training Program is expanding its training efforts to include new programs of the mental health center. The development of a single psychology training program for the two large institutions and the associated community clinics provides the psychology training program with additional training staff, internship funding, and more varied training and field experience opportunities.

III. A New Subdoctoral Degree Program With Northeastern University:

A two-year degree program in Clinical Psychology and Community Mental Health was begun with Northeastern University. The program is open to people with bachelor's degrees or beyond whose job experience prior to application to the program indicates clinical and community skills and interests. The curriculum, developed jointly with Northeastern, includes relevant courses offered by the University and two years of clinical and community training with Massachusetts General Hospital/Erich Lindemann Mental Health Center. A Master's degree will be awarded by Northeastern University upon completion of the program. The program was begun in response to the current strong need for well-trained clinical and community mental health subdoctoral psychologists.

IV. Research:

Psychologists are engaged with research projects, some with other departmental members on school phobia, family therapy, and crisis intervention outcome. Some staff psychologists are engaged in weekly teleconsultation to the Bedford Veteran's Hospital providing training in couples and family therapy.

The Bunker Hill Health Center (Drs. Alvin J. Simmons, William H. Sack, and Pattison Esmiol; Mrs. Sue Bonner, Miss Barbara Burns, Reverend Jacques Hadler, and Father Thomas Panowicz)

Since its inception three years ago, the community mental health services has been an integral part of the Bunker Hill Health Center offering health care in the Charlestown neighborhood of Boston. The Center, an extension of the Massachusetts General Hospital, delivers comprehensive, family-oriented health care that is available to all the residents of the community in a coordinated and continuous fashion.

The multidisciplinary staff of the community mental health services (psychiatrists, psychologists, speech therapist, and clergy)

work closely with the other staff of the Center to provide more effective interdigitation of services such that an appropriate blend of the psychosocial and biomedical components of patient care is achieved. It is within the framework of the two health teams in delivering primary health care that our community mental health services are geared to assist families.

A variety of innovative techniques continues to be examined by the Community Mental Health Staff to learn more effective ways of providing services to the individuals and families in Charlestown. Therapeutic efforts are directed toward maintaining the person in his community by increasing the effectiveness of coping mechanisms and by coordinating community agencies toward intervening on behalf of the patient and his family. Our crisis-oriented treatment is often focused on the immediate interaction between the patient with his predicament, his life situation, and the significant others.

An aftercare program for persons hospitalized at the Lindemann Mental Health Center and/or Boston State Hospital has been serving local residents. In addition, a variety of therapeutic strategies for individuals and groups have been developed. These have included behavior modification techniques; an activity and educational group for unwed mothers coordinated with the Boston YWCA and the John F. Kennedy Family Service Center; Y-Teen clubs for adolescent girls established in cooperation with the Boston YWCA and the local non-public schools; a friend program matching twenty Charlestown youth with twenty college students accomplished with the collaboration of Boston University and the John F. Kennedy Family Service Center; specialized tutorial programs that are relationship-oriented with an educational focus; group work with children with learning disabilities with one of the groups focusing on motor coordination using a trained mother as its leader; activity groups for latency age and adolescent boys, and a mothers' group focusing on the development and management of young adolescent boys with behavior problems. In addition, weekend and more extended therapeutic experiences with adolescent boys and girls have taken place in upstate New York and in northern New England. We are attempting to design our services in a manner congruent with the life-style of the patient and with a flexibility which continues to allow for immediate response to need without the development of waiting lists.

Complementing these direct services is a mental health consultation service to community caretakers and institutions as well as other preventive and health education programs. Mental health consultation services are being provided to both the public and non-

public schools including classroom observations and consultation with the special class teachers. An inservice training workshop for the faculty of the non-public schools is being planned for the coming year. A mental health consultation service has been developed with the local clergy with one of its components being a monthly meeting in addition to individual consultations. Our aim is to integrate our services more effectively with these important caretakers for early identification and more prompt treatment of those whom they serve. We have developed a mental health consultation service to the local Headstart program which includes screening all youngsters for speech problems; work with teachers around the emotional development of the children in their classroom; and the development of a six-week course for parents of Headstart children on how children learn through play. At the request of the local court, we have begun to work more closely with this important community resource toward developing a viable mental health consultation and clinical service to the staff and its clients.

The staff has actively participated in the mental health educational efforts of various community agencies through talks and panel presentations. The staff has also been a vital force in the activities of the various Bunker Hill Health Center task forces, especially those concerned with Alcohol, Drug Addiction, and Health Education.

We have continued to participate in the training of Fellows in community mental health and began a formal three-month training rotation for first-year residents in psychiatry from Massachusetts General Hospital. Also, a child psychiatry Fellow in his third year of residency at the Massachusetts General Hospital chose to receive some training in community mental health with our service. In addition, a student in speech therapy is receiving training as well as a doctoral student in psychology. These training activities will continue to be an integral part of the program.

The Staff has also taken an active part in the planning and integration of the developing programs and operations of the Lindemann Mental Health Center.

We have completed a study of the indirect service activities of the community mental health staff and a descriptive study involving a comparison of the characteristics of our services and patients with those of a state mental health outpatient facility. Other current research efforts include a study of the personality correlates of nurse practitioners and an investigation on the effectiveness of verbalized commands on arithmetic performance and activity level of urban hyperactive children. A case history study of multiple problem,

high-risk families is being planned, and a comparative study of time allocated to various health service activities will be completed.

The Community Mental Health Training Program (Drs. Robert L. Bragg, Helen M. Herzan, Alvin J. Simmons and Miss Mary Kearney)

This is a postgraduate training program in community mental health for psychiatrists and social workers. During the first half of the year there were five psychiatric social worker trainees. During the latter half of the year there was a second set of trainees: four psychiatric social workers and one psychiatrist. The format of having didactic exercises complemented with practical experiences remains for this training program. However, the former have become modified in keeping with current changes in community needs. The three-day workshop in community organization has become a very effective means of acquainting the trainees with principles in this area. The field station placements for practical experiences have shifted entirely to the various services of the Department of Psychiatry at the Massachusetts General Hospital and the Erich Lindemann Mental Health Center, and the resources of the Harbor Mental Health Area. During the current year added space for staff and trainees was provided at the Lindemann Mental Health Center. The staff is currently involved in reorganizing this training program to have it become more interdisciplinary involving other institutions, departments, and disciplines.

Erich Lindemann Mental Health Center and the Harbor Area (Drs. Gerald L. Klerman, Raquel Cohen, and Staff)

The Massachusetts General Hospital Psychiatry Service has been participating in the planning for the Harbor Area and the Erich Lindemann Mental Health Center for a number of years. To this end, the Department has entered into a cooperative arrangement with the Department of Mental Health of the Commonwealth of Massachusetts to provide professional services and training in psychiatry at the Erich Lindemann Mental Health Center, named for the former Chief of the Psychiatry Service at Massachusetts General Hospital.

The Harbor Mental Health and Mental Retardation Area, with a total of approximately 170,000 residents, is one of 39 comprehensive mental health and mental retardation areas within the Commonwealth of Massachusetts. The Harbor Area includes the municipalities of Chelsea, Winthrop, and Revere, and the neighborhoods of West End, North End, Beacon Hill, Charlestown, and East Boston within the city of Boston.

Prior to the opening of the Erich Lindemann Mental Health Center, relatively few mental health facilities existed in the Harbor Area. The Massachusetts General Psychiatry Service provided the bulk of emergency and outpatient care. There were few linkages among the mental health programs in the area. Significant events leading to the development of comprehensive community mental health center programs for the Harbor Area occurred in the winter of 1970-1971. During this period, construction was completed for the Erich Lindemann Mental Health Center, which offers a major facility for inpatient, outpatient, day care, research, and training for the Harbor Area Program, and the legislature appropriated funds and authorized approximately 170 personnel to initiate a full range of services.

In the past year, there has been a rapid increase in programming for the Harbor Area mental health services. Recruitment of leadership staff included the Area Program Director, Dr. Klerman, who also serves as Clinical Director of Psychiatry at the Massachusetts General; Dr. Raquel Cohen, Director of Clinical Service and Training; Mrs. Evelyn McLean, the Associate Area Director; Miss Arlene Petrick, Director of Nursing; Mr. Barry Krasner, Director of Social Work, who had been on the staff of the Massachusetts General; and senior personnel in Psychology. These staff have provided the nucleus for planning, program development, and linkages with other mental health facilities.

During the past year, a twenty-five bed inpatient unit used for residency training has been opened under the leadership of Dr. Frank Paolitto. An outpatient unit, under the leadership of Dr. Gary Jacobson, has also been opened to serve Beacon Hill and the North End.

Training of psychiatric residents has been augmented through a contract between the Commonwealth of Massachusetts and the Massachusetts General Hospital, which provides for the equivalent of twelve full-time psychiatric residents to serve at the Lindemann Center and in the Harbor Area.

Steps are being taken toward closer and more effective relationships with the communities served by the Center. Effective coordination and liaison has developed with the mental health services at the Bunker Hill Health Center and the North Suffolk Mental Health Clinic. A new clinic has been organized in Chelsea-Revere under the leadership of Dr. Jack Clark.

The medical staff at the Lindemann Center participates actively in teaching and related activities of the Massachusetts General Hospital where they have appointments in the Psychiatry Service.

At the current time, research activities have begun in some early studies of outpatient treatment of depression (Dr. Klerman), measurement of muscle tension as an index of mood and tension in depressives (Dr. Friedmann), and studies of epidemiology in mental health (Dr. Barrett).

Major Areas of Research Not Associated With Clinical Service

Psychobiological Research Laboratories (Drs. Seymour S. Kety, Ross J. Baldessarini, Steven W. Matthysse, Joseph F. Lipinski, Michael H. Ebert, Jose-Luiz Diaz, Jane E. Harris, and Jeffrey Gilbert; Predoctoral Fellows, Charles Popper and James Macon)

The aim of this program under the general direction of Dr. Seymour Kety is to conduct research in biological disciplines of broad relevance to psychiatry. More specifically, the recent objectives have been: (1) to examine the metabolism, storage, and release of biogenic amines in the brain and their possible relationship to behavioral states, examining the biochemical effects of drugs and other interventions on the brain in an attempt to elucidate neurochemical mechanisms which may operate in clinical affective states; (2) to investigate processes involved in protein synthesis in the brain and their regulation with regard to their implications for cerebral development and intellectual maturation; (3) to study particular aspects, genetic, biochemical, and pharmacological, of certain clinical psychiatric problems such as schizophrenia and the effective disorders.

Genetic Components of Mental Illness

Evidence that certain of the psychiatric illnesses have a significant genetic component in their etiology serves as a basis of a continued search for the biological vulnerability or predisposition which in conjunction with other factors of an environmental or experiential nature may lead to clinically recognizable illness. A unique national sample of 15,000 adopted individuals and their biological and adoptive relatives has served as the basis of a number of studies by Dr. Seymour Kety in collaboration with Drs. David Rosenthal, Paul Wender and Fini Schulsinger, which attempts to disentangle the genetic and environmental factors in schizophrenic illness. In previous years, these studies have revealed a significant concentration of schizophrenia-related disorders in the biological relatives of individuals now diagnosed as schizophrenic but who had been reared apart from these relatives. In the current year, extensive interviews have been held with biological and adoptive relatives of schizophrenic and non-schizophrenic adoptees in an effort to elucidate what factors in the adoptive environment may affect the develop-

ment of schizophrenia in a vulnerable individual. The same investigators this year began a similar program on the genetic-environmental interrelationships in the affective disorders.

Neuropharmacology

The group in neuropharmacology under Dr. Ross J. Baldessarini has continued to explore the synthesis, metabolism, and release of the catecholamine and other biogenic amines in the central nervous system and the action on these processes of certain drugs which are of psychiatric interest. Contributions have been made in the rapid and efficient preparation of synaptosomes, on the pathways of catecholamine synthesis in the brain, on the important process of methylation of L-dopa and a number of other amines in the brain, and on several agents which inhibit catechol-O-methyltransferase, an important pathway for the enzymatic degradation of catecholamines. With the collaboration of Dr. Joseph Fischer of the Department of Surgery, Dr. Baldessarini has examined the possibility that the accumulation of relatively inactive ("false") analogs of synaptic transmitters may induce abnormalities in bahavior of cardiovascular function. They have concentrated particularly upon hepatic coma as a likely example of the phenomena in question. The hypothesis is supported by their findings of the accumulation of abnormal aromatic amines in the urine of such patients and highly correlated with the depth of somnolence and coma. At the basic level, the structural chemistry, and the neurobiological processes required for the accumulation competitively of compounds similar to active transmitters have been examined and upon the findings the concept has been strengthened. The hypothesis would predict that the administration of a precursor of the normal catecholamines such as L-dopa should be capable of reversing the effects of such accumulations. They have found in clinical trials that such administration is extremely effective in arousing patients from even deep hepatic coma, an observation which now has been replicated in several places. Such treatment or the use of adrenergic amines have also been found to reverse many of the cardiovascular complications of hepatic failure which is also consistent with the hypothesis. With Drs. Diaz and Harris respectively, the possibilities are being investigated that delta-amino-levulinic acid, which accumulates in porphyria, may serve as a false transmitter for GABA or that metabolites of amphetamine may serve as false transmitters for catecholamines. Such possibilities if confirmed may have implications for the behavioral disturbances in porphyria or amphetamine poisoning. Dr. Harris is also examining the uptake of dopamine and other catecholamines in the corpus striatum under the influence of cations and a number of drugs. These

studies may contribute basic information relative to the treatment of mania with lithium and similar cations or the stereotyped behavior observed with amphetamine toxicity. Dr. Lipinski has focused his attention on histamine in the brain, not only because of the possibility that it may act as a neurotransmitter at central synapses, but also because recent technological advances have made possible the accurate measurement of this amine in minute quantities. He has found a distribution in the brain which is similar for that of the monoamines and actions of certain antipsychotic drugs on histamine metabolism which raise the interesting possibility of its involvement in some way in certain psychotic processes and their pharmacological treatment. James Macon, a predoctoral Fellow, is examining the electrophysiological actions of serotonin at invertebrate synapses where that amine appears to be produced endogenously.

Protein Synthesis in the Central Nervous System

In additon to its fundamental importance to central nervous structure, the synthesis of protein in the brain is crucial in neuroembryology and maturation and seems likely to be involved in learning and in the disorders of learning involved in mental retardation, especially those of hormonal or nutritional origin. Dr. Jeffrey Gilbert is exploring the processes of protein synthesis in central synapses which may participate significantly in the plasticity which is characteristic of the nervous system. Synaptosomes or pinched off nerve endings can be prepared which contain many of the essential structures of the synapse and which are capable of considerable metabolic activity which in other areas serves as a model of synaptic function. These particles contain synaptic vesicles, mitochondria, and outer membranes. The possibility that the outer synaptic membrane is a site of protein synthesis is being studied, and preliminary cell-free protein synthesis systems have been examined which require these particular membranes and with characteristics quite different from those of other protein synthesizing components.

Other investigators are examining the relationship of protein synthesis to various aspects of cerebral function. An interesting effect of cycloheximide which appears to involve an increased turnover of serotonin has been found by Popper and collaborators and in other experiments blockade of catecholamine synthesis gave evidence of preventing the formation of long-term memory in mice at doses which did not interfere with learning or performance capability. These studies may contribute basic information concerning the interaction between putative central neurotransmitters and protein synthesis in certain aspects of the learning process.

Biochemical Studies in Schizophrenia

Dr. Steven Matthysse has developed a research program on biochemical processes which may be involved etiologically in the schizophrenic disorders. He has concentrated upon two hypotheses, both of which appear to be tenable in the light of recent knowledge. He has examined the hypothesis that abnormalities in biological transmethylation or in the accumulation of methylated endogenous products may be of importance. Studies on the cultured white blood cells from schizophrenic patients or the examination of the blood of such patients for certain substrates and enzymes involved in biological transmethylation have not revealed differences from the normal. His major effort, however, has been directed at the possible role of dopaminergic systems in the brain in the schizophrenic process and in the action of certain drugs which appear to have special value in the treatment of schizophrenia. Impressed that some of these agents appear to have fairly specific effects on dopamine metabolism, he has with Dr. Michael Ebert perfected a technique for continuously examining cerebrospinal fluid from the lateral ventricle from monkeys in the waking state under controlled environment conditions, and is using this technique as a means of evaluating the effects of various drugs on dopamine turnover. In the case of chlorpromazine, promethazine and methdilazine, the effects on dopamine turnover correlated very well with their therapeutic usefulness in schizophrenia. At a physiological level, he is investigating the mesolimbic dopamine system by unit recording techniques and examining the comparative effects of phenothiazines upon this system. With Dr. Warren Foote, studies are being carried out on the possibility of a dopaminergic feedback system in the substantia nigra as a means of explaining the increased dopamine turnover which is associated with the action of the two classes of drugs, the phenothiazines and the butyrophenones, which appear to have antischizophrenic actions.

On the thesis that an understanding of toxic or metabolic states which mimic schizophrenia may elucidate mechanisms involved in schizophrenia itself, Dr. Jose Luis Diaz has been examining the neurochemical changes induced by experimental porphyria, chronic treatment with amphetamine, LSD or methionine. At least one biochemical finding to date appears to be common to all of these experimental models of psychosis – an increase in the metabolism of serotonin within the brain. Conversely, chronic administration of antipsychotic drugs but not their inactive congeners appears to decrease the metabolism of that amine. Dr. Matthysse has also performed a sophisticated computer analysis of two prevalent hypo-

theses of the mode of genetic transmission which appears to be involved in schizophrenia or in vulnerability to that disorder. The polygenic model in its most direct form does not fit the published incidence data for this illness and a monogenic hypothesis appears to be more parsimonius in accounting for existing incidence figures. As a further development, he has perfected a similar analytic technique for testing predictions of the polygenic model in the context of adoptive studies which it is hoped will be applied to the new and unique data which is being accumulated in that area.

Child Development Laboratory (Drs. C. Keith Conners, John E. O'Malley, Eric Taylor, and Gerard Rothschild)

1. Comparative Effects of Magnesium Pemoline and Dextroamphetamine in Hyperkinetic Children:

This double-blind comparison showed both active treatments to enhance attention and learning in hyperkinetic children. Both visual and auditory evoked responses were altered by the drugs with pemoline showing different effects from amphetamine by producing greater changes under attention tasks on the evoked response.

2. The Effects of Caffeine on Vigilance and Evoked Response in Hyperkinetic Children:

Low doses of caffeine were shown to effect slight improvement in attention, activity level, and evoked response.

3. The Effect of Alpha Feedback on Evoked Response:

A pilot study was conducted on a 14-year-old dyslexic boy. Unilateral (left-sided) feedback was given for the presence of alpha on one side and non-alpha on the other. Left-sided amplitude of visual evoked response showed concomitant increase with increase in alpha frequencies.

4. Cluster Analysis of Behavior and Learning Disorders:

Factor analytic and cluster techniques were used to separate children into homogeneous groups based on psychological tests. These groups were shown to respond differentially to stimulant drug treatment and to show differences in visual and auditory evoked response parameters.

Project Omega (Drs. Avery D. Weisman and J. William Worden; Robert S. Sterling-Smith, M.A. and Lee C. Johnston, M.A.)

1971-72 is the fourth year for this multidisciplinary study of psychological and social factors in pre-terminal and suicidal patients. During the past year we completed our data collection which included psychological autopsies on a series of 100 patients. We are presently preparing an instructional manual for this procedure which

will be of help to others who want to use this type of postmortem assessment in research. Analysis of data from these patients will include a comparison of those who died early as compared to those who died late and a comparison of patients with high and low lethality.

We are continuing to develop the Survival Quotient as an aid to the prediction of cancer death. This is an exploratory effort to develop a series of regression equations – using medical and physiological variables to predict the time interval between diagnosis and death. The Quotient is determined by taking observed survival in months, subtracting expected survival (as defined by the regression equation), and dividing the difference by the standard deviation of survival in months for the particular cancer site in question. Thus, by controlling for some of the medical and physiological differences between patients we can then look at psychosocial factors that might be related to "early dying" and "late dying".

The Risk-Rescue Rating as a descriptive measure of a suicidal event has been further refined and published. This measure looks at the lethality of a suicidal act as being a function of both factors of risk and factors of rescue, and enables one to quantify a suicide event so as to make comparisons of lethality not only across patients but also within the same patient over time.

We also extended our study of multiple suicide attemptors, comparing these patients with patients who had made only a single attempt, according to our eight-year follow-up. Patients who made only a single attempt tended to make an attempt of a higher order lethality when compared to the initial attempt of a multiple attemptor. Multiple attemptors who succeeded eventually in killing themselves usually begin their suicidal career at a higher lethal level than those who do not kill themselves, and this higher level continues to the final and fatal attempt. We are presently refining a formula, based on multiple regression analysis, for predicting the lethal level of a subsequent attempt in the case of a multiple- suicide patient.

We have prepared a toxicity scale for 30 most commonly used drugs in suicide ingestion. This chart will be published by the National Institute of Mental Health, Center for Studies of Suicide Prevention.

We have proposed further elaboration of the role of denial in the dying patient which will appear in a forthcoming book, *Dying and Denying*, published by Behavioral Publications.

In its final year of support, Project Omega wishes to acknowledge the outstanding contributions of former staff members; namely,

Frederick Guggenheim, M.D., Harry Olin, M.D., Joe P. Lemon, M.S.W., and Mary Vallier, R.N.

Stanley Cobb Laboratories for Psychiatric Research (Drs. Frank Ervin, Warren Foote, James L. Fozard, Nancy Waugh, Charles Feldman, J. C. Thomas, M. Field, and Mr. Stephen Lorch)

During 1971, the Stanley Cobb Laboratories have conducted the following investigations:

1. Biopsychological evaluation of individuals with patterns of recurrent violent behavior. This includes genetic, biochemical, neurophysiological, psychological, and clinical psychiatric studies.

2. Biomedical examination of a correctional population. We have studied individuals incarcerated in both male and female prisons and attempted to evaluate the distribution of biomedical abnormality in such populations with particular attention to the contribution of such disorders to the individual's behavioral abnormality.

3. A study of the structure of a primate social group with particular emphasis on changes in group dynamics following modification of individual behavior.

4. The development of computer methods for the detection of hidden EEG abnormality.

5. An investigation of the sociology of attitudes towards scientific investigation of violent behavior.

6. A study of free-ranging primate behavior as related to ecological surroundings. This project has a particular focus on the development of territoriality and inter-group defensive behavior.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital

Introduction and general remarks:

When the writer was a medical student there was a small paragraph in the tumor section of the current pathology textbook which mentioned the possibility that cancer might be caused by a virus. This was a description, inserted for the sake of completeness, of the work of Peyton Rous, who had found that a chicken tumor could be passed from one animal to another by means of a cell-free extract. During the intervening years a steady growth of evidence implicating viruses in cancer production has taken place. Particular credit must be given to John Bittner, who demonstrated in 1936 the passage of a tumor-inducing virus in mice from mother to nursing offspring by way of milk, and to Ludwik Gross, who found in 1951 that leukemia could be transmitted from leukemic adult mice to newborn mice (but not to other adult mice) by injection of cell-free extracts of blood on tissue from the leukemic animals. These two pieces of work set the stage for spectacular advances which have come in the past decade. A year ago in this report we mentioned the discovery by others of an enzyme present in tumor viruses, capable of coding the information of the virus back into the genetic storehouse of the host cell. This year the important finding has been made by Rowe and his colleagues at the National Institutes of Health that animal cells behaving in tissue cultures in a perfectly normal way may nevertheless contain information in their genes, which can be unmasked and result in the formation of a tumor-producing virus. Thus the information for formation of a tumor-producing virus in one animal, capable of transmission to another animal, may be locked into apparently normal cells, and may do no harm for long periods of time. It remains nevertheless capable of being unlocked and set free for its malevolent adventure. Does this make cancer in the mouse, chicken, hamster, and rat – in which this phenomenon has been demonstrated – a hereditary disease? Not quite, since there are strains of cells in which the information to form a cancer virus is, insofar as one can determine, not present. And how about humans? Does this situation apply to us as well?

At this critical point of the query, the moving edge of information

rests. It seems likely that some human tumors will be found to be due to viruses; others will probably still be ascribed to contact with cancer-producing chemicals, or to radiation. The air is, however, charged with the exciting presentiment that the convincing demonstration of a human cancer virus will usher in a new era of therapy – based on agents pointed directly at a culprit virus, or viruses.

It is hard for a cancer-oriented laboratory to remain aloof from this field, and we have in fact willingly become immersed in it at two levels. Our special talents, such as they are, have in recent years (and longer) been in biochemistry and molecular biology. It has been logical therefore for us to inquire what the special properties of cancer virus may be. How does it convert the well-regulated growth of a susceptible host cell to a relentless rate of cell reproduction, which pushes aside normal cells and interrupts balanced functions of a finely-tuned molecular machine?

The notion that the change in a cell from the normal state to a cancerous one may not be abrupt, but a gradual transition, even reversible under certain circumstances, would have been scoffed at a decade ago. And yet, at present this view seems in accord with modern experimentation. The cancer cell is at present not regarded as being free from growth restraints, but rather less susceptible to these forces. For this reason, tumors of the endocrine organs are a good subject for study, and dramatic regressions of tumors may occur with endocrine therapy – as evidenced by treatment of cancer of the prostrate with estrogens, and cancer of the breast with removal of the ovaries. Drs. Lewis Engel, James Orr, and their colleagues are investigating the molecular mechanisms by which steroid hormones affect their target organs, with an eye toward improving the basis of our therapy of endocrine tumors. As for regulation of normal growth itself, Dr. Nancy Bucher is dissecting out factors involved in turning on and off growth in the normal rat liver, and has just coauthored a monograph on this subject. Drs. Irvin Hirshfield and David Coleman are also probing the problem of how the language of the gene is translated into that of the protein, an area in which these laboratories made a fundamental breakthrough over a decade ago.

On the clinical front itself, Dr. Alan Aisenberg and his colleagues Drs. Rita Kelley, W. Davies Sohier, Robert Carey, and Daniel Nixon continue to bring the modern armamentarium of chemotherapy to bear on human cancer.

In the following paragraphs, more details of the studies touched on above are related.

Detailed Discussion of Certain Laboratory Activities

Basic research on tumor viruses:

Our laboratories are engaged in three interrelated biochemical studies on the Avian Myeloblastosis Virus (AMV), a model system of animal cancer. This disease is a rapidly fatal leukemia which occurs in chicks within three weeks after the injection of a tiny amount of plasma from a chick having the full-blown disease. It has been shown to be due to a ribonucleic acid-containing virus carried in the blood of the affected chick. The incredible number of one trillion viral particles may be found in one cubic centimeter of chick blood in the terminal stage. This disease is uniformly fatal to baby chicks, but is fortunately not harmful for humans, so it presents a good model for study. Although we are not especially fond of chickens, we have 800 chicks at one time in our animal farm. This involves the efforts of three full-time people in injecting, bleeding, and processing the blood so that the biochemical team will have a chance to study sufficient quantities of purified virus. In addition, through the cooperation of the Special Virus Cancer Program of the U.S. Public Health Service, similar amounts of virus are shipped to us at frequent intervals from the laboratories of Dr. Joseph Beard at Duke University. Dr. Beard and his wife are pioneers in the study of chicken leukemia, and we value their cooperation highly in this project. The cancer virus is not simply a rubber balloon enclosing nefarious enzymes. It is, to the careful scrutinizer, comparable in complexity to a space capsule. It has a specially constructed membrane, inside of which are unusual enzymes, and in its center, a special nuclear area, visible under the electron microscope. This nucleoid region contains either one of the genetic materials – deoxyribonucleic acid (DNA) or ribonucleic acid (RNA). These are the key, large, information-containing molecules essential to the ability of the virus to take command of the infected cell.

We have therefore posed the question as to what is unique about these macromolecules. As a point of attack we have chosen to examine the large molecular weight RNA of the chicken tumor, or avian myeloblastosis virus (AMV). The first question we would like to answer is, what the terminal nucleotide sequences are at the ends of the high molecular weight ribonucleic acids of the virus. The so-called "3'-OH end" of the molecule is the probable site for association with the enzyme (the glamorous reverse transcriptase) which codes the message of this viral ribonucleic acid back into the genes of the host cell, to the future detriment of the latter. Drs. Mary Stephenson, Le Roy Wirthlin, and Jesse Scott have now found that

the high molecular weight RNA's of the virus end predominantly in adenosine. Thus the first letter of the message is known, and one is ready to try for the one next to the end.

Drs. Randerath, Rosenthal, and the writer have found that the transfer ribonucleic acid (tRNA) of this AMV virus is different in a number of particulars from the tRNA of the host cells. In particular, the content of the minor nucleoside 3-methyl cytidine is much reduced in the virus tRNA. The meaning of these findings is still obscure, but since the tRNA is a central part of the information-translating system in a cell, it appears that the virus is substituting some information of its own for that of the cell, at this point.

Drs. David Allen and Hugh Niall (the latter from the Endocrine Group at this hospital) have teamed up to sequence the "group specific" antigens of the avian myeloblastosis virus. These are proteins present in the virus itself which produce a hostile (albeit insufficient) defense reaction on the part of the host. They are therefore characteristic and rather unique viral proteins, and it is important to find out exactly what their structure is, if possible. Drs. Allen and Niall are getting along extremely well in unraveling the amino acid sequence of two of these group-specific antigens, being halfway through in defining the sequence of one of them. It is to be noted that similar antigens are produced by tumor viruses in mice, cats, and hamsters. One may also anticipate that at some time, perhaps hopefully not too distant, similar tumor virus specific antigenic proteins will be identified for a human tumor. At that point the experience with this chicken tumor system will assume great importance.

Basic research on endocrine secretions:

Studies of enzyme mechanisms and the actions of inhibitors can lead to deeper understanding and perhaps eventually to control of bodily reactions. Several investigations of Dr. Engel and his group in the Endocrine Division are directed toward these goals.

Dr. Eliezer Rapaport has developed an organic chemical model for the mechanism of action of a potent steroid inhibitor of 3β-hydroxysteroid dehydrogenase-isomerase, a key enzyme reaction in the biosynthesis of steroid hormones. Hydroxymethylene steroid has been shown to react with the disulfide bond of cysteine to form a 2-formyl-2-(δ-cysteinyl)-steroid. In the case of the enzyme, a disulfide link near the catalytic site could explain the non-competitive inhibition of enzymatic activity. Tests of this hypothesis will be carried out with soluble dehydrogenases of bacterial origin and with the microsomal 3β-hydroxysteroid dehydrogenase of sheep adrenal

glands which has been solubilized and partially purified by Dr. Henry Ford.

Dr. Emmett Braselton is now employing his technique for quantitative studies of the conversion of androgens to estrogens by placental microsomes to the determination of the structural requirements of the various component steps of the reaction. Information gained from these studies can be employed to design inhibitors of estrogen biosynthesis.

On another front, Dr. James Orr and Miss Priscilla Carter, in collaboration with Drs. Paul Goldhaber and Armen Tashjian of the Harvard School of Dental Medicine, are attempting the isolation of a substance secreted by a mouse fibrosarcoma that causes dissolution of bone. The substance is a lipid and there are some indications that it may be a member of the prostaglandin group. Attempts are also being made to determine if there are similar substances in human breast tumor tissue.

Clinical research studies:

Dr. Alan Aisenberg: For a decade Dr. Aisenberg's investigations have centered about the role of the thymus in the immune reactivity of man and experimental animals. During this time detailed studies from this laboratory have established the close parallel between the immune defect of Hodgkin's disease and that of experimental animals. Indeed, Hodgkin's disease has provided the best example in man of an acquired deficiency of thymus-dependent immunity.

In the past year this interest in the thymus has yielded an additional dividend for understanding human disease. Recent work from several English and American laboratories has indicated that two classes of small blood lymphocytes can be identified on the basis of surface immunoglobulin (antibody): a bone marrow derived "B" lymphocyte which has not been processed by the thymus has large amounts of immunoglobulin on its surface when examined with the fluorescence microscope, while the thymus-processed "T" lymphocyte does not. Thus it has become possible to identify the sources of malignant lymphocytes in lymphatic leukemia and lymphoma (solid lymphoid tumors). The lymphocytes from 25 consecutive patients with chronic lymphatic leukemia, the most common chronic leukemia of man, have been found to contain surface antibody, thus establishing their "B" cell origin. Further, only one of the three major antibody classes (IgM) was found on these neoplastic cells. However, patients with a much less common but related disorder, lymphosarcoma cell leukemia, contained antibody of different

specificity. By applying the fluorescent technique to lymph node biopsies, the malignant lymphomas are also being classified by their surface immunoglobulin. A fundamental property of all malignant lymphoid cells is their origin from B or T cells.

Dr. Aisenberg's clinical activities continue to focus on the malignant lymphomas. Fifty patients with Hodgkin's disease have now been subjected to staging laparotomy and splenectomy. The findings have been extremely instructive both for patient management and understanding the pathogenesis of the disorder. Abdominal lymphoma has been present in approximately one-half of the patients explored here, and in 95 percent of these the spleen has been diseased. It is evident that splenic lymphoma is among the initial manifestations of abdominal Hodgkin's disease, and in view of the absence of afferent splenic lymphatics, it seems probable that such spread reflects hematogenous dissemination. Laparotomy provides the information to make a rational choice between the effective quadruple chemotherapy protocol which has been in use at the Massachusetts General Hospital for almost five years, and the older programs of total nodal irradiation which in the past have frequently failed in the presence of advanced lymphoma.

Dr. Rita M. Kelley: Dr. Kelley continues to do clinical research in the area of breast cancer, centering around trial of new steroid compounds and chemotherapeutic agents alone and in combination. Some of this work is done under protocol studies of the National Cooperative Breast Cancer Group. Drs. Kelley, Carey and W. Davies Sohier are serving the large patient population with inoperable or incurable solid tumors by instituting a variety of chemotherapeutic programs in their care and following them meticulously, either personally or through cooperation with local physicians.

Dr. Robert W. Carey: Dr. Carey has served as Chairman of the Boston Group of Acute Leukemia Group B. Currently the activities of this clinical research group in neoplastic disease is supported under PHS Grant CA12449-02. At present the Boston group consists of investigators from Lemuel Shattuck, Boston City Hospital, Tufts Service, and the Boston Floating Hospital plus the Massachusetts General Hospital. Early affiliation with the Lahey Clinic is anticipated. Clinical studies in acute leukemia, both adult and childhood types, in metastatic breast carcinoma, in malignant melanoma, in certain malignant lymphomas, in a variety of childhood solid tumors, and in multiple myeloma and the chronic leukemias are currently being carried out by members of the Boston Leukemia Group. Drugs currently under evaluation include: 6-thioguanine, cytosine arabino-

side, daunumycin, CCNU, cyclophosphamide, and various combinations of standard and investigational agents.

Concluding remarks:

It is imperative for the hospital to bring the best forms of therapy in surgery, radiotherapy, and chemotherapy to bear on cancer at its human level. We therefore applaud the courage of the Trustees in creating a Clinical Cancer Center, and we shall be grateful when the building itself begins to rise. It becomes the responsibility of all of us working here – at the basic science and various clinical fronts of the cancer problem – to share our talents and knowledge in the common goal of bringing into being better treatment for the cancer patient. As for the bright promise of the future, to this writer it rests clearly in the field of viral oncology, and we must give our best efforts to the search for human tumor viruses.

PAUL C. ZAMECNIK, M.D.
Director

Vincent Memorial Hospital

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Arpana Shah, M.D.
Mary J. Wallace, Ph.D.

Miss Mary Quinlan, R.N., *Assistant Director of Nursing*
Mrs. Joseph Stukas, R.N., *Administrative Supervisor of Nursing*
Miss Maureen McGuinness, R.N., Miss Rosemary Whealon, R.N., *Head Nurses*
Miss Suzanne Hudson, R.N., Miss Marlene Solomon, R.N., *Nurse Clinicians*
Miss Patricia Rand, *Unit Teacher*
Miss Ruth A. Patterson, *Head Nurse, Gynecology Clinic*

Vincent Memorial Hospital
Report of the Chief of Staff

For a considerable portion of the year the Vincent Hospital Research Laboratories were undergoing a major reconstruction with some expansion. They had served us well since their opening, almost 25 years ago, but the nature of our research and the facilities for it had changed so completely that even ingenious adaptation and minor remodelling no longer adequately provided for our needs. Of first importance has been the change in requirements for our ever increasing use of the bonnet monkey as a model for Dr. Janet W. McArthur's careful studies of the process of ovulation, with observations which run the gamut from serum and urine analyses to actual surgical visualization of the ovaries. The other new factor is a universal shift away from biologic and toward chemical or immunological methods of measuring hormones, a change which radically alters the character and disposition of laboratory equipment and personnel.

With our limited space it was necessary for Drs. Janet W. McArthur and George S. Richardson to plan most carefully for the renovation. Messrs. Ringenbach and Rogers (of Perry, Dean and Stewart) served as architects, and it is a pleasure to see now how bountifully these careful preparations have rewarded us, for truly there is no laboratory anywhere today that could more effectively and efficiently carry out the purposes to which ours is dedicated.

Another segment of our research continues in the offices of Dr. Leona Zacharias. Her longitudinal survey of the process of sexual maturation in contemporary girls (Newton Public Schools) is now in its seventh year. Information is already available and has been reported, but final results await conclusion of the study, which is designed to run until all the girls have experienced 20 months of cycles.

On the second floor of the Research Building of the MGH Dr. Ann Barnes carries on her studies on kidney blood flow and function in the dog. Most recently these observations have been extended to the pregnant and nursing animal.

In April the Vincent Memorial Hospital reported in the *New England Journal of Medicine* the results of a questionnaire and interview survey which revealed for the first time a clear and significant correlation between an unusual vaginal malignant tumor of adolescent girls and their exposure, while still *in utero,* to maternally

ingested stilbesterol given to prevent miscarriage. The study was supported by a grant from the Massachusetts Division of the American Cancer Society. The report excited wide interest and sufficient concern to encourage the Food and Drug Administration to send a bulletin to all physicians banning the use of stilbesterol in pregnant women. A careful examination of additional cases as they come to notice and other pertinent research has been an immediate and pressing necessity, and this has been initiated in our hospital by Drs. Arthur H. Herbst, David C. Poskanzer, Robert S. Scully and Robert Kurman. Already it is manifest that other physicians are encountering the same disease, and much additional information about the behavior of the tumor and its causation is being catalogued and interpreted.

The Post-Graduate Course in September was host once again to 60 students from many lands. Faculty performance was, as always, superior in quality, and both the Vincent Club and Vincent Memorial Hospital Boards entertained our visitors with customary graciousness.

Ambulatory care in the Clinics and Emergency Ward reached the anticipated new high. Facilities for this kind of service are already overtaxed; therefore, the manner in which we use the facilities is continuously undergoing some changes. The increasing use of trained nurse-clinicians is one such helpful innovation of the year under report.

Admissions to the hospital numbered only slightly fewer than last year's record high, and the number of operative procedures showed some actual increase. The rooms in the operating suite assigned to Gynecology have been renovated to conform with the pattern of the newer areas in operation on Gray 3, where one room used for special procedures now displays a plaque testifying that the Vincent Club donated the diagnostic X-ray installation which is so important a part of its function.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

Looking back on the past year at the hospital a predominant characteristic appears consistently: a remarkable enthusiasm in every area.

Beginning with the summer, when nursing coverage is often a frustrating problem, the usual crises did not occur, owing to the interest, dedication, and personal involvement of the nursing staff. The high morale of our nurses and supervisors continues to be reported at every meeting.

In late September we began our year in unseasonably hot weather, when we entertained the doctors in the Post-Graduate Course in Gynecology at morning coffee. The men and women in this course continue to be a fine, serious-minded group, eager to absorb everything in the superlative curriculum arranged for them by our Staff and others of the Harvard Medical School. There were few absentees, in spite of the overpowering heat during most of the course.

The November meeting is always a special one, as it is the time each year when we are able to show our appreciation for everyone connected with the hospital by including them at a morning coffee party. We are particularly glad to see doctors and nurses who are not with us for long, as we want them to know how much we care about the hospital, and how much we admire what they are doing for the care of patients and gynecological research.

At the January meeting, Miss Suzanne Hudson, R.N., and Miss Marlene Solomon, R.N., Nurse Clinicians, indispensable members of the staff who teach and give special therapy to Vincent Memorial Hospital patients, spoke to the Board. They told about some of their experiences, after hours, volunteering on the free medical van that goes out from the Massachusetts General Hospital every night to meet the tragic young street people in the Metropolitan area. The functions of this van, and the need it helps to fill are described elsewhere, but it is significant that two of our particularly gifted nurses are working on the van every Tuesday night, and thereby extending the service of the Vincent Memorial Hospital in ways open to few others. The trend of seeing many more young patients is apparent not only on the wards, but in the Outpatient Department. Here again, the impact of alienated youth is felt, as the increase in social problems and disease continues.

The Massachusetts Association Directors of Hospital Volunteer Services held its January meeting at the hospital, and were guests of the Board of Managers at luncheon. Miss Elizabeth Rackemann, Director of the Vincent Memorial Hospital Volunteer Department and Board member, was hostess in a dual capacity. Our Volunteer Department under her guidance continues to fill a vitally important need in the hospital. Volunteers serve in the outpatient area as well as on the wards, and they are greatly prized for the high standards they maintain and for their enthusiasm.

Members of the Board of Managers continue their special contribution by visiting patients on the wards, regularly and often.

No report of this hospital would be complete without expressing gratitude for the cooperation and understanding of the Trustees, the Hospital Staff, the members of The Vincent Club, and of this Board.

Increasingly, as we face the surging problems of modern life as they relate to our hospital, we can look forward to varied opportunities for service, and to extending the hands of those who best can serve. Continually we will show our concern and appreciation for the hospital that meets so many human needs so well.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER)
President, Board of Managers

Report of the Department of Nursing

There is much of interest to relate regarding the Department's activities, accomplishments, and problems in fiscal 1970-71, and a number of these, deserving special mention, will be presented in this section of the report.

The year opened with a notice from the Joint Commission on Accreditation of Hospitals of its intention to visit the hospital on November 3 and 4, 1970. In accordance with the Commission's revised protocol, a nurse member of the three-man accreditation team spent two days reviewing the Department's organization, operation, programs, and plans, visiting the clinical units and interviewing members of the staff. At a summary session on November 5, she reported that she had no recommendations to make relative to areas of needed improvement and, at a later date, the following comment was forwarded in the Commission's official report to the General Director: "The Department of Nursing is to be commended on its outstanding administration and organization." We were both proud and pleased with this vote of approval, inasmuch as the review included our long-range plans for departmental reorganization (to be reported herewith) as well as our ongoing operation. It is important to point out that this unusual accomplishment reflects the dedicated and committed effort of each and every member of the Department's staff as well as the soundness of the legacy left to us by our immediate administrative predecessors. At this time, we would like to salute and to thank all those who made this commendation possible.

Throughout the year, the Department's equilibrium has been sorely tested by a variety of both new and persisting phenomena. Among the former, we would list the accelerated drive for decreased hospital stay for all patients and the administrative mandate for close budgetary control. Accelerated patient turnover results in an increased tempo of activity for all hospital personnel, but it has special meaning for the nursing staff who must speed up the process of assessing the multivaried nursing needs of patients and families and implementing plans of care and referral, as well as participating in curative regimes. The Department made an intense effort to cooperate with the administrative request for fiscal austerity but the impact was severely felt throughout the organization by way of decreased job satisfaction, increased friability of personnel composure, and in some instances, compromises regarding standards of care. On the positive side, the situation resulted in a more realistic evaluation of

our goals and objectives and of our utilization of available manpower.

Among the persisting problems, we must continue to give top rank to the perennial challenge of a high personnel turnover rate. The statistics are reported elsewhere in this report, but it can be pointed out here that the anticipated stabilizing effect of the much publicized bleak economic and employment situation at large was not experienced in this Department. Also, the progressive acceleration of activity in the patient care areas as a result of the continuous expansion of medical and technological sophistication still persists with nurses, and nursing is still caught right in the middle of the threatening whirlpool. During the past year, the Department worked cooperatively with the other disciplines in effecting a redistribution of new and appropriate responsibilities to the nursing practitioner. As cases in point, one can mention the extended role of the nurse practitioners in various ambulatory services; the expansion of nursing responsibilities in the preparation and administration of intravenous medications and other procedures in the intensive and/or critical care units; and the increased involvement of the nursing staff in the area of cardiopulmonary resuscitation. The Department has and will continue to move forward in its attempt to redefine roles and relationships within the changing health care system, but it will remain firm in its position to refuse to act precipitously in the face of the alternately challenging and threatening demands for extended service which reflect, unfortunately, the dilemma of growing institutional complexity. We believe that the roles of health practitioners will continue to change as well as the parameters of the scope of practice within a health care discipline, and that this trend demands the existence of collaborative relationships with other members of the health care team. But we also maintain that leadership responsibility and accountability must be viewed as a shared proposition if the general welfare of those we serve, as opposed to vested interests, is to be protected.

Despite the diverting vicissitudes met in the day-by-day operations, the Department moved ahead with its plans for reorganization. During the past few years it has become increasingly clear that a departmental organization based on the current *building* as opposed to a *service* concept was becoming anachronistic. Inasmuch as our stated philosophy recognizes the principle of centralization in two areas only (namely, the establishment of overall departmental goals, objectives, and related standards), the existing building-oriented vertical organization (with much of the authority and decision-

making held at the top) has presented some difficulties in the achievement of our goal of appropriate decentralization of authority, responsibility, and accountability in the implementation of the established goals and standards. In our planning, we aimed at the development of a more horizontal structure which would permit increased responsibility, authority, and accountability at the operational level and which would serve to amalgamate the interests and needs of patients and staff, regardless of their geographic location in the hospital. Our long-range goal is to phase out gradually the highly hierarchical organization through the establishment of a decentralized service-oriented structure, which will ultimately embrace all elements of a respective service, that is, the general hospital, semi-private, and private clinical units. This plan is prefaced upon the current trend of regionalization of patients by service throughout the institution and the willingness of the Administration, at some future date, to make the necessary adaptation in budget allotment. We believe that a decentralized structure will: 1) make possible more meaningful long-range planning, procedural improvement, and policy development as it relates to a specific service; 2) make possible a proper environment for flexibility and fluidity in role, function, and assignment of nursing personnel; 3) foster creativity and innovation in patient care by encouraging maximum use of new concepts and approaches in the delivery of nursing service; 4) erase the troublesome lines of provincial and insular demarcation within the Department, which spawn and nurture the current preoccupation with the idea of the "haves and the have nots."

More specifically, the reorganization calls for the gradual phasing out of the Assistant Director of Nursing position in the in-patient service, and the subsequent replacement of a Chairman of a respective nursing service, who is qualified by education and experience as a specialist in the specific area of practice as well as an administrator. The appointment will be made for a specified period of time and will be subject to periodic review and reappointment. The Chairman will assume the administrative responsibilities currently held by the Assistant Director of Nursing, but will address her energies to a specific service, as opposed to a potpourri of services. It is important to point out that this plan of reorganization met with the unanimous approval of the present incumbents in the Assistant Director of Nursing position category.

The announcement in spring, 1971, of Miss Frances Grady's retirement in fall, 1971, from her position as Assistant Director of the Bulfinch, Burnham and Vincent Nursing Services provided the first

opportunity for the initiation of the new structure. We were successful in recruiting two well-qualified nursing practitioners who will assume the positions of Chairman of the General Hospital Medical Service and Chairman of the Pediatric Nursing Service, respectively, in the fall, 1971. Our blueprint of action includes several transitional phases, but our ultimate goal is a structure which will place the administrative authority, responsibility, and accountability for a respective Nursing Service, regardless of the physical location of a clinical unit, under the aegis of one Chairman.

Another important inroad in the area of departmental reorganization was made with the appointment in fall, 1971, of an Executive Officer of the Operating Rooms. The present Assistant Director of the Operating Room Nursing Service has met, throughout the years, the untenable responsibilities of "major-domo" of this burgeoning emporium of action, and I must add, with little appreciation from some corners of the enormity of this task. With the support of the Administrative Officers and the Chiefs of Surgery and Anesthesiology, a request to relieve the Department of Nursing of the responsibility for coordinating the purely administrative aspects of this service was acted on positively. We look forward to the task of redefining the role and responsibility of the nursing administrator with a primary emphasis on patient care and nursing personnel.

This section of the report would be incomplete without a word of special tribute to Miss Frances Grady, whose retirement date is imminent. In June, Miss Grady completed 40 years of service in this Department, serving in every position category from Staff Nurse to Assistant Director of Nursing. Her contributions have been legion and her accolades many. However, I believe that the following passage from Dr. Harvey Cushing's, *The Personality of a Hospital,* is a most fitting description of Miss Grady's legacy to the institution.

> Example has much to do with perpetuation of traditions, especially when there is a succession of hero-worshipping and imitative juniors; and if a hospital's personality is, as I believe it to be, its chief asset, the thought should quicken the sense of responsibility of everyone, be he trustee or lowly servant, for it is in the power of any individual to modify the quality. He who is willing to do something more than to follow prescribed routine and who merges himself most with the active indoor life of the institution, giving even at personal sacrifice the most time to the attainment of this end, is certain to be the best and longest remembered.

We wish to pay tribute to Miss Grady for her positive influence on the personality and quality of this Department and to wish her health and happiness in the days ahead.

Progress Report

Staffing Statistics

As reported earlier, the Department made a sincere effort to cooperate with an administrative request for close budgetary control in fiscal 1970-71. As the table below indicates, in the three previous years a successful recruitment effort and administrative support enabled us to increase our personnel quota by more than two-hundred positions, of which 174 were in the staff nurse category. A comparison of the October 1970-71 figures shows that in the past year we operated within our budgeted complement.

Comparison of Staffing Statistics by Building or Service on October 1, 1968-1971 – Full-time Personnel

	Staff Nurse				L.P.N.				Nursing Asst.				Total			
Building/Service	68	69	70	71	68	69	70	71	68	69	70	71	68	69	70	71
Baker	76	136	144	145	79	62	66	71	21	25	24	30	176	223	234	246
Bullfinch	55	62	72	55	6	10	9	16	29	32	32	30	90	104	113	101
Burnham	49	58	57	48	10	11	15	11	2	1	1	3	61	70	73	62
Clinics*	21	29	28	28	1	0	0	0	2	10	11	13	24	39	39	41
Gray ICU's	–	–	62	55	–	–	6	4	–	–	6	8	–	–	74	67
Operating Room	46	51	38	51	4	5	5	4	42	52	55	55	92	108	98	110
Recovery Rooms	30	54	40	43	–	–	–	2	4	5	5	7	34	59	45	52
Phillips House	85	97	78	73	18	18	17	16	11	8	13	12	114	123	108	101
Vincent	11	15	20	13	6	8	12	12	16	9	11	11	33	32	43	36
White	128	145	136	139	23	36	44	58	41	44	47	49	192	225	227	246
Total	501	647	675	650	147	150	174	194	168	186	205	218	816	983	1054	1062

*Includes Bunker Hill Health Center and Logan Airport Medical Station.

An analysis of these statistics reveals a number of pertinent facts; for example, the success of our recruitment effort to increase the number of staff nurses in the operating rooms; the impact of the low and erratic Bulfinch census during the spring and summer months on our ability and/or need to recruit staff; the overall decrease in the number of registered nurses and the concomitant increase in the numbers of ancillary personnel, which reflects a beginning effort to make more rational use of available professional nurse manpower; the concentration of approximately one-fifth of our staff in the Gray-White 3 and 3A Operating-Recovery Room and Intensive Care

areas, while the extensive and busy services in the Baker and White Buildings attempt to manage with exactly 17 more staff.

Although the turnover rate in the past year for all nursing position categories showed an overall decrease of 8 percent when compared with the 1969-70 statistics, there was an increase of 4 percent and 8 percent for the staff nurse and licensed practical nurse categories respectively. A marked increase in employment stability was evidenced in the nursing assistant category where a 60 percent decrease in turnover was reported. During the year, a total of 705 new full-time personnel were employed (as compared with 898 in 1970), of which number 444 were registered staff nurses, 111 were licensed practical nurses, and 138 were nursing assistants. In this same period, a total of 658 full-time personnel terminated their services, of which 418 were registered staff nurses, 100 were licensed practical nurses and 111 were nursing assistants. It would appear that the supply and demand equation for licensed nursing personnel continues to support the phenomenon of short tenure and radical turnover.

Nursing Service

Our major thrust in fiscal 1970-71 in the area of nursing service centered around the improvement of the quality of nursing care delivered to patients on all Services, the increased involvement of the staff in the determination of ways and means of achieving this standard of quality, and the pursuit of innovative approaches to increase the satisfaction of the staff in the performance of their roles and functions.

A revised functional organization of the Department's collective effort, which involved the inauguration of five Standing Committees, with broad representation from all position categories, proved to be a significant step forward in the achievement of the above-mentioned goals. These included Committees on Nursing Practice, Nursing Assessment and Appraisal, Disaster, Recruitment, and Intra- and Extramural Offerings and Activities. Subcommittees addressed themselves to a variety of tasks, which included the revision of the Nursing Procedure Manual, the investigation of environmental and procedural factors related to patient and personnel welfare; the evaluation of available patient teaching materials and the development of additional instructional tools; the review of all nursing care plan formats in use in the hospital; an analysis of the current practices related to nursing assessment, nursing care plans and patient progress notes; the development of a plan for an audit of nursing care; the planning and implementation of recruitment activities on a local, regional, and national level; the implementation of teaching programs

to prepare staff for action in emergency and disaster situations; and the development of policy guidelines for handling extramural requests for individuals and agencies for consultative services and observational experiences, and staff requests to participate in extramural activities. The work of these and other departmental committees has been commendable in both output and quality. We are most grateful to the respective Chairmen and staff for their sustained interest and untiring effort.

During the past year there has been a noticeable upswing of interest and expression on the part of some staff nurses to take a more active role in exploring newer dimensions of institutional nursing practice and in defining their appropriate role as deliverers of care in the in-patient and ambulatory settings. Current trends in nursing practice and nursing education point to a renewal of interest on the part of the professional nurse in increased and extended involvement in direct patient care, as opposed to the management of the non-therapeutic aspects of the system and other personnel. This trend is demonstrated in the widespread attention in nursing circles to the nurse's responsibility for assessing the nursing needs of patients, planning and implementing regimes of care, and evaluating the quality of care rendered, and is reflected in the regulatory standards being established by voluntary and public accrediting groups. Nursing care plans, patient progress notes, and nursing audits are now requirements for a nursing service.

Although we have made significant preliminary advances toward meeting this requisite, the major challenge remains for 1971-72. Our success will be dependent upon our individual and collective ability to stir the apathy and redirect the energies of many members of our staff; to sharpen the skills of all nursing personnel in assessing the care needs of patients; to initiate a uniform standard for all nursing services as regards nursing care plans and records; and to inaugurate a viable audit procedure. In the process, the reticence of nurses to assume their appropriate responsibilities and the reluctance of some members of the health team to permit them to move ahead in these areas must be resolved. It is important here to point to the significant strides that have been made in this direction during the past year in the Ambulatory and Bulfinch Nursing Services, with the assistance and support of the Physician staff. It remains for us to duplicate this progress on every unit of the hospital.

The Department has continued its effort to improve communications and working relationships between all staff members. Concerted attention is being given to a study of line vs. staff positions

and relationships in the Department organization. Of particular import is a delineation of the role and function of the Supervisor vs. the Nurse Clinician; the Head Nurse vs. the Unit Teacher; and the Staff Nurse vs. the Licensed Practical Nurse within the changing departmental structure. A major task in the coming year will be the revision of position descriptions for all job categories.

Since 1969 the Departmental Advisory Committee to the Director, whose membership consists of elected representatives of the respective nursing position categories and services, has served as an effective vehicle of communication between the Director and staff members on matters of mutual interest and concern. Commencing in fall, 1971, each Assistant Director of Nursing and Nursing Service Chairman will meet monthly with a similarly elected group of representatives from their respective service. It is hoped that this innovation will serve to improve horizontal communications and relationships.

It is impossible in a report of this type to give credit to the many activities and accomplishments of staff. A review of the annual report of each service and committee confirms the reality of a dynamic and forward looking Department, deeply engaged in planning for the future, and busily engulfed in meeting the problems of the day. It is my privilege to salute and to serve them.

Nursing Education

The involvement of the Department in coordinating the utilization of the in-patient and ambulatory services of the hospital as learning laboratories by a variety of basic and graduate nursing education programs and in offering basic instructional programs for a variety of nursing and related health care functionaries was increased in the past year. Some 585 students were assigned to the clinical units for a variety of learning experiences including 417 from the two MGH nursing education programs, 102 from basic baccalaureate programs, 18 from an associate degree program, and 8 from master degree programs.

During the past year, there have been as many as 220 students assigned to the clinical units between the weekday hours of 7 a.m. and 12 noon, with a dearth of assignees after 3 p.m. and on weekends. This preponderance of learners and faculty on the clinical units for such a limited period creates serious problems as regards the equitable distribution of nursing staff and the provision of meaningful experiences for both staff and students. An attempt was made on our part to encourage the use of the clinical units for longer periods

during the day, thus reducing the number of students on in the morning hours. Despite our efforts, the Schools continue to clamor for 8 a.m. to 12 p.m. prime time on weekdays only. In planning for 1972-73, we are prepared to reiterate more forcefully that the nursing needs of patients and the maintenance of homeostasis on the respective clinical units will be given priority in the ultimate decisions relative to the utilization of the hospital's clinical units by nursing and para-nursing education programs.

In 1970, the Department collaborated with the Dimock Community Health Center to provide a supervised practicum for students in their Orthopedic Technician Program. This experience was repeated for a second group in 1971. During the year, members of our staff participated in the development of a curriculum for a Surgical Technician Program to be offered by the Dimock Center. Plans have been made to provide a three-month experience in our operating rooms for two groups of these students in 1971-72. Arrangements have also been made with the Northeast Regional Vocational School for a similar experience for the students enrolled in their Surgical Technician Program. During the year, the Operating Room Nursing Service offered a career-ladder training program for surgical technicians recruited from hospital personnel. Seven students completed the program. In the future, we look to increased participation with educational agencies offering preparatory programs of this type.

The Staff Education Department continues to provide leadership in the organization, implementation, and coordination of continuing position-oriented instructional programs for all nursing personnel, including both orientation and continuing education offerings, with the back-up support of the unit teachers, nurse clinicians, and unit administrative staff. The output of this teaching component of the Department in the areas of intra- and interdepartmental, as well as extramural service continues to defy the realm of possibility, as the following summary will show.

During the past year –

- more than 600 newly-employed staff members participated in the required two-week orientation program.
- more than 400 registered nurses and licensed practical nurses participated in a variety of clinical workshops and seminars, which varied in length from one to ten days and which were directed toward a presentation of the newest concepts and approaches to patient care. These included teaching sessions on

the care of patients with respiratory, cardiac, neurological, and rehabilitation problems, as well as nursing approaches in the care of the diabetic, alcoholic, and suicidal patient. We are deeply indebted to our physician and other health team colleagues who contributed so generously of their time and energy to this teaching effort.

- more than 200 registered nurses participated in teaching sessions emphasizing the elements of the nursing process and the role of the professional nurse in the assessment, planning, implementation, and evaluation of patient care.
- 138 new volunteers were taught the essentials of nursing care in preparation for their assignment to the clinical units.
- 25 registrants in the Pastoral Care Training Program were taught and supervised in a clinical practicum.
- 10 registered nurses, enrolled in a Refresher Program at the Boston College School of Nursing, were taught and supervised during their clinical practicum. A second group of ten is expected in November, 1971.
- a third series of filmstrips on Post-Operative Patient Care was produced by Decision Media, Inc., of Boston, in collaboration with the members of this Department.
- 17 videotapes on a variety of clinical and other topics were produced in collaboration with physicians and other members of the hospital staff.
- an extensive Code Call Training Program, including resuscitation drills, was planned and implemented by this Department. Miss Regina Craffey deserves special mention in this report for her superb contributions to the work of the G.E.C. Subcommittee on Cardiopulmonary Resuscitation. The anticipated inauguration of an overall Hospital Code Call System in fall, 1971, is due in large measure to her indefatigable efforts.

The Department has and will continue to promote exploration of newer dimensions in health practice in the interest of the general welfare of the consumer and of innovative educational programs to prepare practitioners. The Pediatric Nurse Practitioner Program, a pioneer program of the Clinics in 1968 currently offering its seventh formally constituted course, boasts of 99 graduates, who constitute 28 percent of the registered nurses listed as pediatric nurse practi-

tioners in the Registry prepared by the American Academy of Pediatrics. An additional 20 are enrolled in the fall, 1971, program and 31 have applied for the session to be offered in spring, 1972, with 25 percent of these applicants coming from out-of-state and as far away as Hawaii and the Canal Zone. This program was envisioned as a pilot demonstration in a service setting which would test an alternate educational channel (as opposed to a bona fide basic or graduate nursing program) for the preparation of registered nurses for an expanded role in ambulatory pediatric care-taking. The ultimate aim was its transference, after demonstrated success, to a continuing education or other related program under the aegis of an educational institution. At the present time, we are not planning to continue this program after completion of the spring, 1972, session because of its original intent and the dubiousness of continued grant funds. We hope that we will be able to negotiate for its transference before June, 1972. At this time, a special word of tribute should be paid to the originators and faculty of this Program, which in three short years has:

- trained a group of remarkably interested and committed nurses to a way of providing pediatric care which is not only qualitatively superior to what previously existed but is infinitely more satisfying to the nurse performer.
- because of the enthusiasm and expertise of its faculty, played an important role in the development of a statement of national guidelines for such programs, endorsed in 1971 by the American Nurses' Association and the American Academy of Pediatrics.
- served as a model for the development of similar programs.
- added a considerable and commendable volume to the literature on this particular avenue for the training of allied health manpower.

In this same vein, another innovative project was launched in collaboration with the Medical Service – namely, the fielding of our first Adult Nurse Practitioner Program in spring, 1971. A total of six nurses from adult ambulatory care-taking settings completed this eleven-week in-service course, with a number of physician and nurse staff members assisting in the development, implementation, and evaluation of the course. Its origins and objectives closely parallel those of the Pediatric Nurse Practitioner Program, and on the basis of this first run, the response can be described as enthusiastic. The

results for participants are described as increased surety and ability to practice and teach; marked interest in professional improvement; and increased zeal for learning. A second course is scheduled for spring, 1972, with wider participation of enrollees from outside agencies.

A recent development has been noted in professional, legislative, and consumer circles, which may have very real meaning for our future educational pursuits. The reference here is to the current widespread interest in making continuing education a condition for relicensure for practice in a profession. One state has passed enabling legislation which makes this a requirement for nurses, effective in 1975, and several other states are considering a similar move. For a Department such as this, such a trend will: 1) increase the demands for opportunities to participate in intra- and extramural continuing education programs; 2) demand guidelines which will assure an equitable distribution of available opportunities among all staff; and 3) require a system for recording and verifying the related credentials of current and former employees. In view of the size of our staff and the rate of turnover, the ominous nature of this projected burden is breathtaking. As was stated in an earlier Report, the licensure of the Hospital as a bona-fide educational institution might serve as an ameliorating step, as well as opening up some new vistas of outside support for our educational pursuits.

Nursing Studies

The output of the Office of Departmental Studies has markedly increased in the past year, as have the requests for the staff's participation in the development of study patterns and in consultation on studies conducted in the various divisions of the Department and the hospital. The activities of this Office are broad in scope, including:

- such administrative tasks as: 1) preparation of the Departmental budget and a monthly analysis of expenditures; 2) preparation of a monthly report on staffing statistics; 3) review and preparation of periodic reports on accidents and unusual occurrences involving patients, personnel and visitors; 4) the development of a computerized nurse data file.
- serving as a resource in the development of protocols to evaluate equipment and supplies recommended to the Standardization Committee for purchase and use on the units. During the past year, these included syringes, disposable suture removal sets, individual patient thermometers, patient identification

bands, water mattresses and a host of other equipment-related studies;

– participation in the on-going committee activities of the Department, with the specific responsibility of serving as a resource in the collection and tabulation of pertinent data.

It is difficult to imagine how the Department could function without the adjunctive services of this office in handling the multivaried investigative reviews which are essential to its operation. However, we still look forward to the day when we can extend our sights beyond the limit of applied investigation and can assume a more meaningful role in investigations related to pushing ahead the dimensions of nursing theory and practice.

As I close this Annual Report, my third as Director of the Department of Nursing, I am alternately impressed by the Department's accomplishments and overwhelmed by the challenge of the future. However, given the continued trust and support of the administrative officers, the continued cooperation of our many colleagues, and the continued dedication and commitment of the departmental staff, the future cannot help but auger well, however trying the times!

We are deeply saddened by the recent announcement of Dr. Knowles' resignation as General Director, effective January, 1972. He has consistently maintained and demonstrated that the profession of nursing must be recognized as an important and integral discipline in the health care system and that nurses hold an essential place in the on-going operation of this and other health care agencies. It is a well-recognized fact that nursing grew in stature as a health care discipline during his term of office.

Individually and collectively, we will miss the infectiousness of his smile, the affable warmth of his manner, the directness of his approach, the wisdom of his counsel, the fairness of his decision, and last but not least, the colorfulness of his expletives! I speak for the entire Department of Nursing in wishing him and his the best of health, happiness, and success in the days ahead, and in pledging our determination to, in his own words, "keep the flag up back home on the ranch."

MARY E. MACDONALD, R.N.
Director, Department of Nursing

Report of the School of Nursing

Though it has often been said that educational programs in nursing exist because of social need, we have accepted a mandate to do more than "exist." A school of nursing must strive for excellence in implementing its primary goal of helping students to develop their personal and professional capabilities to become well qualified and able practitioners of nursing; and in doing so must be responsive to the voices of change, the sounds of need, and some visions of what "might be" and what "ought to be."

In the ongoing process of evaluating our program and planning for the future, we believe that "tunnel vision" or applying preconceived solutions to inadequately defined problems is dangerous; but we must also avoid neglect of our educational and health care values and our beliefs about nursing, and attribute to them something more than lip service. As stated in the essay on Graduate and Professional Education published by the Carnegie Commission on Higher Education, "Educational, political, and social conditions are changing so rapidly as to preclude a fixed vision of the future." A multiplicity of unstable, shifting, and interrelated factors must be studied from various points of view.

Work continued on redefining what the beginning nurse should know, be able to do, and be like: What characteristics and competencies should the graduate nurse have attained and be able to develop as a beginning practitioner in terms of the health and illness needs of people, and present and future nursing roles? With objectives completely redefined and levels of expected accomplishment described for each Term and each level, curriculum redesign moved forward toward successfully meeting the objectives with creative, judicious, and flexible use of resources. Many concomitant questions concerning the best means for achieving stated goals, and the most effective and propitious educational patterns were studied. Consideration and exploration of other organizational or institutional patterns or arrangements for the School of Nursing took place. Questioned were some of the pros and cons of establishing relationships with other educational institutions or the implications and possibilities for the School of Nursing if the Massachusetts General Hospital became recognized as a bona fide institution of higher education. Exploratory talks were held, and a proposal considered, with representatives of another educational institution.

The published study of the National Commission on Nursing and Nursing Education, started in September, 1967, and concluded in

January, 1970, received major attention of the faculty, with serious and detailed review and consideration of its recommendations concerning nursing roles and functions, nursing education, and nursing careers. No less provocative and pertinent were some of the recent reports of the Carnegie Commission on Higher Education, among them "Higher Education and the Nation's Health," and "Education Beyond the High School: Less Time, More Options."

Societal expectations in terms of education are often referred to but less clearly defined or documented. The report of the Carnegie Commission on Higher Education on Education Beyond High School speaks of "many more young people attending college, with many more levels of academic ability and preparation, from more cultural backgrounds and with more diverse career goals. Some, perhaps as many as one in six, are unwilling captives of formal higher education, attending against their will because of the pressures of their parents and the expected requirements of the jobs to which they aspire. Many others attend school more steadily or for longer periods, or in programs that do not match their interest, than either they wish or society requires." It speaks of "six out of every ten students enrolling this fall (September 1971) failing to get the ultimate degree to which they aspire, and an overall dropout rate from higher education of about 60 percent." It speaks of the wisdom of "spacing formal education over a lifetime, reducing the amount of time spent on it early in life and spending additional time on formal education later in life as desired and needed." It speaks of "much more of education taking place before college (with the last year of high school the equivalent in many instances to the first year of college), outside of college and after college than ever before." It speaks of more resistance (on the part of students) "to the seemingly endless academic 'grind' that, for more of them, goes on for more and more years without let up, sitting at their desks as recipients of knowledge but without productive contribution . . . this takes a fixed concentration on the necessity of the degree for which they are studying which many of them no longer feel." Many want "more options to try alternatives as they select their occupations and their life-styles and more chances to try out their productive skills in real-life situations," with "more productive experiences on their way to the degree and getting into regular productive effort earlier in their lives." Reference is made to America as a "Credential Society" commenting that "as a consequence of the insistence on degrees, there are fewer careers open to talent and the nation suffers from the reduced mobility of persons with talent but without the certification of a degree. We regret this and believe that steps can be taken to offset this trend."

In its section on "Responsibilities" it suggests that "Professional Associations can assist by (1) creating, to the extent possible, alternative methods of entry aside from formal education, and (2) making each profession sufficiently broad so that it may include a 'ladder' of positions, not one 'layer' only – again to the extent possible."

Echoes of the same are being heard from many areas: the increasing popularity of vocational education (as reported in "Speaking for Pennsylvania Higher Education Assistance Agency," Number 23, March 1971); the concept of off-campus degrees, or external degree programs or universities without walls, with at least two such experimental programs funded in New York and other states or agencies considering similar possibilities; the recommendations of a task force set up by the United States Department of Health, Education, and Welfare concerning a new educational enterprise for institutions, which "though it could take various forms should include a different concept of what constitutes a campus, diversified faculty including members whose experience ranges beyond that found in traditional graduate departments, acceptance of experience as a legitimate part of education" ("Speaking for Pennsylvania Higher Education Assistance Agency," April 1971); the Open Curriculum in Nursing Education statement of the National League for Nursing.

Therefore, while societal expectations may be for more education beyond high school, it may not necessarily be in the existing institutional settings or as fully matriculated or enrolled students in degree-granting programs; and students' expectations for themselves may differ from those of their parents.

We endorse the concept that effective learning can take place in a variety of settings, through varied experiences to meet prescribed and clearly defined objectives and levels of achievement, and that, indeed, the learner benefits from some options in the structure and composition of his educational undertakings, and that, indeed, society can benefit ultimately because more opportunities are open to larger numbers of potential students.

The college enrollments projected by the United States Office of Education for September 1971 are off, projecting an increase of only 2.4 percent, the smallest percentage gain in ten years. Various reports from several sources voice concern about financial crises and the threat of fiscal bankruptcy (New England Board of Higher Education, Pennsylvania Higher Education Assistance Agency, et cetera) of public and private colleges, with resulting cutbacks in programs, course offerings, possibly student enrollment, and faculty shortages. Therefore, it is crucial that as we engage in state and/or regional

planning, we plan for the very best use of the resources that we have – funds, faculty, facilities, clinical experiences, and students – and set priorities and plan for the future on the basis of national, regional, community needs and trends.

This past year the Admissions Committee and staff processed 410 applications with an increase of 60 received by March 1 compared to 1970 for reasons related to an uncertain economy, changing career goals, and some of the factors listed above. Applications were closed several months earlier than usual, a waiting list established, and a class of 136 students admitted in September 1971. Inquiries and requests for applications for admission persisted throughout the spring and summer; one willingly accepted an appointment for September 1972.

A profile of those seeking admission to the School, including letters from those who applied after the deadline, reveals that they represented 42 states and 11 foreign countries. Included were 47 men, 37 college graduates, 54 with college experience of less than 4 years, and 6 licensed practical nurses. An increased number of college graduates sought admission to nursing this year and most strongly felt they would like to come to MGH. All were counseled and made aware of the programs in nursing for college graduates.

Of the 136 students accepted there were 7 black students. Ages ranged from 17-28 years, with 132 women and 4 men; 10 college graduates, 20 who attended college and representing 20 different colleges. Scholastic Aptitude test scores of the College Entrance Examination Board indicated a Verbal Mean Score of 532 and Mathematics Mean Score of 518. Four students had verbal mean scores over 700; five students had verbal scores under 400; and 52.6 percent were in the first quarter of their high school graduating class.

A program was established to allow the academically deprived but highly motivated student to enter nursing and progress at a slower pace, thereby offering greater likelihood of success. Four students were admitted to this program, with its special plan of tutoring. In the first year of this prolonged program the students are enrolled in Biological Science, Physical Science and Social Science; the second year, Biological Science, Nutrition, and Nursing.

We continue to have other students enrolled in the School on less than a full time basis: those with course exemptions because of prior educational and work experiences and demonstrated achievement; those who left the School for various reasons and whose return necessitated repeating only certain courses or being enrolled in an irregular program extending over more than the usual three years. In

the entering class three licensed practical nurses qualified for exemption in some aspects of the first term, first level nursing course. The concept, implications, and means of implementing an Open Curriculum are being evaluated to provide for the realities of career and educational mobility and to maintain necessary standards of achievement and proficiency in the graduate.

A follow-up study of applicants to the class entering in 1971 who withdrew or were rejected resulted in 124 responses out of 177 inquiries; 119 had entered another nursing program, 5 were not in nursing.

The steady and marked increase in volume of correspondence, forms to be completed, number of applicant interviews (466), and inquiries involving interpretation of nursing education and recruitment activities necessitate our continuing to seek authorization for additional staff, though not approved for the past year.

Recruitment activities continue to be under the direction of the Chairman of Counselors and include other members of the counseling staff, the administrative, teaching, and office staff, and a large and enthusiastic student recruitment corps whose interest, diligence, and encouragement are greatly appreciated.

In addition to the 5,000 catalogues mailed, two well-attended Open Houses and participation in nine "Career Days" or "College Nights," special programs were planned for approximately 200 students visiting the School on different days from three high schools and one junior high school.

The Counselors were invited to speak and to participate in programs sponsored by the Massachusetts Hospital Association for High School Guidance Counselors in Massachusetts; addressed the Guidance Counselors of the Boston High Schools, hoping to reach students from the Boston community; conducted a panel on Men in Nursing at the Massachusetts School Counselors Association; and continued to be instrumental in forming the Nursing Education Recruitment Organization (NERO), with one Counselor serving as President and another as Chairman of its Human Relations Committee.

Continued effort to assess and establish the most effective means of recruitment resulted in these new developments:

- in publicizing Open Houses, announcements were extended by the hospital's Public Relations Department to include news releases to all newspapers and radio stations in the Greater Boston area;
- placing a statement about the School in the Educational Supplement of the *Army, Navy* and *Air Force Times;*

- recruiting via the Educational Supplement of the Bay State Banner;
- utilizing the services of the National Scholarship Service and Fund for Negro Students and following up on all the names received by forwarding a letter, application form, and catalogue. At this organization's College Day held in Atlanta, Georgia, in which one of our faculty participated, 55 students displayed an interest in the School, and all received a personal letter, application materials, and information.

Recruitment is more than catching the attention of the public and "selling the program"; we must be able to speak engagingly, knowledgeably, and sensitively, and to answer queries about nursing, nursing education, trends, health careers, financial aid, career and continuing education opportunities.

Matters pertaining to educational costs, charges to students, financing the program, expanding, directing, and coordinating a multifaceted financial aid and school support program continue to mushroom. This phase of the School's operation has become a busy, complex, intricate one requiring staff who can donate a major portion of their attention and energies in its implementation. Revision of office staff positions enabled us to develop the Executive Office Assistant position which includes sharing some financial aid program activities with the Cochairmen of the Financial Aid Committee and the Director of the School. Mr. Paul Wheelock, Counselor and Cochairman of the Financial Aid Committee, continues to help evolve an astute and effective system with the able assistance primarily of Mr. Francis White, Executive Office Assistant, and members of the Hospital Accounting Department. Nonetheless, the need for someone on the School staff who can devote a major portion of his time to such functions is highly apparent. The lack of such a position is of concern to us because of potential loss to the students and the School due to 1) insufficient attention to scholarship sponsors, potential donors, or possibilities of support from Foundations; 2) unrealized opportunities for student self-help; 3) scholarship/loan defaults through communications breakdown; 4) insufficient opportunity to attend to the details of changing Federal Support programs and to follow the train of Congressional thought and action related to Federal Support of Higher Education.

In order to streamline and maximize productivity and effectiveness of our system, meetings were held with the Financial Aid Officer of a large University in order to observe an ongoing complex financial aid program, and meetings and contacts maintained with

the Department of Health, Education, and Welfare regional directors for the Bureau of Higher Education and the Bureau of Health Manpower Education, Division of Nursing.

New developments included:

- utilizing the College Scholarship Service to process the Parents Confidential Statement which serves as an application for financial aid (we continue to process the Students Confidential Statement for those students not claimed as dependents by their parents under the Federal tax system);
- letters explaining eligibility for financial aid and the types available, including the Guaranteed Loan Program, were revised and forms updated and improved;
- heavy correspondence with key members of Congress to let them know of our thinking, suggestions and needs as the provisions of the Nurse Training Act of 1971 (P.L. 92-158) were being hammered out and funded; throughout the spring, summer, and fall Mr. Wheelock and the Director of the School maintained contact with legislators about the developments, emergency legislation to assure some student assistance funds prior to the beginning of the school year, levels of funding, and conditions of eligibility for capitation grants; the responses to our letters and contacts were extremely helpful in our planning;
- establishment of a loan fund, using endowment fund income as a back-up in the event of decreased sources of loan funds from other sources;
- one new source of aid, the Leopold Schepp Foundation; and an increase in the total annual award from the Kemper Foundation;
- the involvement of students in the non-confidential aspects of the Financial Aid Committee;
- application and notification of our eligibility to participate in the Federal Aid Programs titled Educational Opportunity Grants and College Work Study under the Health, Education, and Welfare office of Education; the provisions, means of implementing and the value to the School and hospital are being explored with representatives of Hospital Departments which might be affected;
- an award in July 1971 (under Public Law 92-52 extending nursing student loan and scholarship programs for one year or until new legislation is enacted) of $40,500 as Federal capital

contribution for Student Loans, the total amount we had requested; and $42,167 for Scholarships, compared to the $70,000 as requested.

Award Actions and Financial Aid Statistics for the academic year September 1970-September 1971 were as follows:

	Freshmen (1973)	Juniors (1972)	Seniors (1971)	Total
Applicants for Assistance	61	48	61	170
Recipients of Assistance	50	44	56	150
% Class Receiving Assistance	38%	50%	48%	45%
Federal Scholarship Distribution	$17,550	$15,800	$10,010	$ 43,360
Federal Loan Distribution	$14,500	$16,000	$18,197	$ 48,697
School Scholarship Distribution	$ 3,050	$ 2,100	$ 3,500	$ 8,650
School Loan Distribution	$ 275	$ 5	$ 1,790	$ 2,070
Grant-In-Aid Distribution	$ 5,026	$ 3,074	$ 4,857	$ 12,957
Total Assistance Distribution	$40,401	$36,979	$38,354	$115,734
Average Class Assistance	$ 808	$ 840	$ 685	$ 772

This represents a slightly lower total amount awarded through the School compared to last year. Amounts of Financial Aid received by students from other sources remain hard to determine with any accuracy, but $7,600 in Scholarships were awarded by the Massachusetts Board of Higher Education; and at least $8,839 from other sources.

Our scrutiny of School costs, charges and services to students, and consideration of methods to increase income and reasonably control expenditure had some positive results: the annual approved budget for direct costs of the School of Nursing is $631,922 for 1971-1972 compared to $691,083 in 1970-1971. (Actual direct costs, $657,000 in 1970-1971.) The residences budget also decreased from $114,000 to $99,900.

In July 1971, the tuition and fee structure for 1971-1972 was explored with due consideration of the availability of financial aid, uncertain opportunities for part-time employment, and the total impact on the student. A proposal for increases in charges to the students effective in 1972 was prepared and presented to the Trustees, but the enactment of Federal Wage and Price Controls intervened.

The annual follow up study of our graduates within one year of graduation, and the day-to-day evaluation of the program by our

graduates with whom we have contact are extremely helpful to us. A study in progress, supported by the endowment fund, of all living alumnae Classes 1920 to 1970, should also provide a wealth of useful data in evaluating the School's program and providing future direction.

In June 1971, 117 seniors graduated, the largest single class to complete the program since 1960. Approximately 48 planned to be employed at MGH; the rest in various agencies in 15 states and the military services. Of those whose initial employment is elsewhere, a large number eventually seek employment at MGH. Twelve of those employed here expressed primary interest in intensive care nursing; 14 of those employed elsewhere had positions in intensive care or coronary care units. Eighty-seven indicated employment on a "rotating shift" basis; 7 on full-time evening assignment; 2 on full-time night assignment; and 2 on full-time day assignment in a clinic setting. Eight of the 11 planning to attend college full time planned to do so with a major in nursing, while the interests of the 20 with some generalized but non-specific plans to attend part time were more diffuse: 8 were thinking about a degree in nursing; 4, a degree with a social science major; 1 in liberal arts; and 7 with no specific major interest.

The faculty continued to progress in curriculum development: only a few highlights can be mentioned. The program has been reduced from 131 to 124 weeks in length, spread over three years. An integrated first year Nursing course has been developed. With a conceptual base, it focuses on the care of the adult during health and illness. The many contributory and interrelated factors are explored, including those inherent in the general environment as well as those resulting from a specific disease process. Physical, biological and social science principles are heavily drawn upon as the student begins to assess, to formulate a plan of care, and increasingly, with experience, to participate in meeting the needs of the patient who is in crisis and adapting to his environment. Learning experiences are selected to expand the student's awareness and knowledge of the many resources which contribute to adaptation. The spread and scheduling of science content throughout the first year has facilitated correlation. The spread of courses and a "permanent" class schedule for the first year were achieved in order to enhance study and learning, reduce stress resulting from a heavy class schedule, somewhat unpredictable and irregular from week to week. The new schedule is helpful to both the students and faculty in making appointments and commitments in advance, and in planning for

meetings on a more regular basis. An average of 10 hours of science tutoring each week for 20 to 30 students has enhanced the ability of some students to succeed. Attempts to assess the Human Relations seminars held for the freshmen resulted in a study in which one half of the class entering in September 1970 had the seminars in their freshman year; the other half of the class have these seminars in their junior year, 1971-1972.

The reorganized second year, effective September 1971, consists of 4 terms, 10 weeks each, spread over the period from September to mid-July. This revised plan offers some opportunities for the faculty to plan together, to prepare, and to implement changes. The lack of common meeting times still is a scheduling problem which needs to be lessened, so that more faculty workshops can be planned for other than weekends and evenings, periods of time already needed for reading, preparing and "keeping up-to-date," and for planned clinical experiences with students in certain phases of the program.

Experiences in the Maternal-Child Nursing course now provide each student with 5 weeks' experience at the Boston Hospital for Women, Lying-in Division, and 5 weeks' experience at the Boston City Hospital. Field trips throughout the Maternal-Child Nursing course, at approximately 30 different facilities, help the students to focus on health maintenance of the family unit and its individual members rather than on just "treating" or "caring" for the ill and/or hospitalized. Each student visits 5 to 7 community facilities and participates in and presents seminars built around these experiences. Facilities used include the Fernald School for the Retarded, Juvenile Courts, Booth Memorial Home for unwed mothers, Boston Public School System, Home for Little Wanderers, Perkins Institute for the Blind, Child Development and Guidance Centers, Maternal and Infant Care Centers, obstetrician's offices, etc. We attempt to provide for a broad spectrum of experiences beyond the hospital walls, in which the student engages as a planned and structured experience or independent and self-initiated. Concomitantly, we need to avoid scattering the experiences, students, and faculty so widely geographically and temporally that the logistics and deployment, orientation and follow-up problems are prohibitive; or that learning is not effective and resources are not used to the best advantage.

The third year, reorganized into 2 terms of 19 weeks each, has a degree of continuum with the first two years, yet is separately planned with objectives different in scope. Learning experiences have been realigned and revised in terms of those which precede. More theory devoted to Anatomy, Physiology, and Nutrition helped to

strengthen the planned content. Experiences in Leadership have been revised, "Disaster Nursing content" and "Group Dynamics" integrated. Core content focuses on Assessment, Return to the Community, and Nursing Care Problems Relating to Stressors.

Because of the large number of students from many schools and various health disciplines all seeking experiences, rational planning for challenging and contributory experiences for the students, under the guidance, direction and teaching of the faculty, continues to require compromise, and special and detailed scheduling. That this is absolutely essential for the benefit of patient care and staff functioning, as well as student learning, is indisputable. Through cooperative and energetic planning with other schools and nursing departments of various agencies, through curriculum and schedule revisions, and reassignment of students and faculty, we were able to implement clinical experience rotation plans based on the guidelines established by nursing departments relative to the number of students, according to educational level, that could be assigned for experience during various time periods on various units. The number of variables involved, the short period of time which was allowed prior to submitting experience requests, and the limitations of faculty staffing compounded the problem. In some instances it was necessary to reduce total clinical experience time. The freshman year was extended by two weeks into late July to provide clinical experience at times when there were no students from other nursing schools so that course and level objectives would be met.

In the first year the fact that there are 4 sections of students, 8 laboratory sections, and 5 or 6 courses to plan for, including Nursing, presents limitations to the manner and the time periods over which we can spread the students, given the fixed number of faculty which we have. Students are assigned for some weekend experiences.

In the junior year experience is spread over 7 days of the week in some courses; experience scheduled until 9:00 p.m. is common.

The implications of administrative changes in cooperating agencies, and the construction in the Burnham Building and the Gray Building Operating Suites affected us and were planned for.

Two additional instructors helped tremendously to implement and meet the conditions and criteria for experience in the junior year in which we utilize four other hospitals in addition to the MGH.

The number of faculty for the senior students limits their assignment somewhat, since the complex and critical nature of their learning experiences and the stressful milieu in which the nurse (including students and faculty) functions necessitate having an instructor read-

ily available for the welfare of the patient and nursing staff as well as the student. Students are assigned until 11:00 p.m.

We hope that insights gained this past year will facilitate planning and mutual understanding for another year and stimulate resourcefulness in identifying and utilizing other experiences/agencies.

Progress was made in reevaluating the faculty organization, staffing patterns and needs, and in enhancing and promoting staff development and effective relationships. An administrative Workshop and a series of weekly evening follow-up meetings, planned and conducted by the Coordinators and Director of the School of Nursing, were productive, stimulating, influential, and reassuring. The long-term benefits of the group dynamics have been sustained. Each administrative area of responsibility was reviewed, discussed, and redefined in an attempt to delineate areas of responsibility, clarify roles, foster communications, designate priorities, consider long-term goals, and provide means for on-going evaluation. A thorough evaluation of the various services which the School provides was undertaken. Matters of common administrative concern were shared and planned for to strengthen and afford the best possible educational program for students in the School by enabling and encouraging optimal staff effectiveness, contributions, and satisfactions. Position descriptions were redefined; the faculty evaluation plan up-dated, promoted, and implemented. Office staff positions were redefined to include new functions, provide improved and necessary services, and to relieve the increasing faculty and administrative loads.

Revision of the By-laws of the Faculty Organization resulted in some streamlining; three standing committees and two subcommittees were dissolved, their functions and purposes incorporated within other committees or groups. The student participation as active and voting members on the Curriculum, Audiovisual Aids, Library, Recruitment, Guidance, and Financial Aid Committees of the Faculty Organization was of generally high calibre, serious and devoted to fulfilling the committees' roles. Relatively few students, however, found that they could keep pace with the meeting schedule, prepare for meetings, and help to serve as liaison between faculty and student groups. Those students who were able to attend and participate fully demonstrated an admirable level of personal involvement and commitment, developing insight, understanding, and application of "change theory" to practice. Some proposals for change, such as Attendance Policies, Visiting in Residences (having men guests in the women students' rooms), a new student uniform (prompted by the unavailability of the present specially woven

cotton material) and the Dress Code, became "Causes" and were treated with gusto and verve. Other agenda received more benign and superficial attention. Student and faculty agenda priorities did not always match. The sustained follow-through needs more attention and perseverance. Student activity continued throughout the year at a high level, sometimes erratic and unpredictable, a restless thrashing about; sometimes imperiously and unilaterally pushing for "immediate action"; sometimes motivated by competition amongst the classes to establish the most outstanding record of accomplishments (change), generally wanting to be a part of the activity involved in decision making and policy-setting. With the continued assistance and support of a great many faculty members, the students channeled energy into action-oriented groups within the faculty and student organizations. Dredging still more deeply to open up and sustain improved levels of communication, the students can increasingly become a viable, creditable, and sustaining force in developing and improving the School's program and infusing life and a quality of "caring" into the Student Organization, providing support and encouragement for its leaders. Since student-student communication is often minimal (except for the age-old rumors) the determined, positive efforts of all School personnel and students are needed to orient, re-orient and interpret, and to carry over the progress made from one year to the next.

Staff "turnover" and stability varied little from previous years, except that the 1971 school year began with three faculty vacancies due to resignations occurring late in the year after many whom we had interviewed, during a period of no vacancies, had accepted positions elsewhere. Of the 15 faculty resignations, nine were for reasons related to marriage, family responsibilities, and moving from the Boston area; three for graduate study; three for health or job compatibility. Five promotions or transfers within the faculty took place with two teachers moving to new course areas and three assuming leadership roles created by resignations. Miss Dorothy Mahoney, Chairman of Maternal-Child Nursing, became a Coordinator upon the retirement September 30, 1971, of Miss Katherine Hardeman who had served and supported the School in a dedicated and compassionate way for 25 years.

Many inquiries were received and interviews held with those seeking faculty positions throughout the year. The problem remains one of many applications occurring at times when we do not have or anticipate vacancies and the unavailability of qualified teachers when

some vacancies occur. Fifty-four percent of the administrative and teaching staff have earned a Master's degree, and a generally healthy outlook toward continuing and expanding education exists, supported by the hospital's philosophy and the added incentive of the tuition aid plan.

No added positions were approved this past year; six were requested. Illness, heavy teaching loads, added responsibilities, expanded and improved services, increase in "paper work" and planning, and heavy inroads in the Counselors' time by personnel work as well as increased use of the counseling services inhibited our ability to achieve some goals. Priorities often needed shifting. We provided "field work" for two graduate students enrolled in the Boston University Graduate School of Education Counseling Program who completed the requirements for the Counseling Practicum under the direction of the Supervisor of Counselors and through the assistance of the Counselors.

A significant change in staffing took place in the Freshman Residence at 20 Charles Street when the Reverend and Mrs. Mark Dyer assumed residence in August, with Mrs. Dyer, employed as Residence Head, bringing new ideas, insights and skills to that position.

Various members of the faculty and administration continued to offer support and assistance to the Shepard-Gill School of Practical Nursing in their period of transition. Because of the regular and increased library usage by the practical nursing students a cooperative arrangement was developed between the two Schools to ensure sufficient books, journals, space, seating capacity, and funds for the Palmer-Davis Library. In addition to serving the Schools of Nursing, this library, open 7 days a week and in the evening, remains a source of help and reference to many individuals and groups associated with the hospital or not. An overall increase was noted in attendance from 45,000 to 48,000; and in circulation from 13,000 to 15,000. A marked increase was felt in the use of the photocopy service (on a fee basis).

We indeed value the fine resources of the hospital and the School of Nursing, and are gratified that we can in some way reciprocate and are able to share our facilities and extend services to the Volunteer Department, Nursing Department, Dietary Department, Personnel Department, Chaplains, members of the Medical Staff, hospital Staff members engaged in research projects, and other individuals or groups. The popularity of Walcott House and Bartlett Hall living rooms is indicated in their use by various hospital or affiliated groups

for many functions, meetings, luncheons: Walcott House living room was reserved for 186 functions, Bartlett Hall for 75; even the Walcott "Beau Parlors" were used for 156 meetings – not "Beaux."

The decrease in the number of graduate nurses requesting to live in the residences, the housing of the practical nursing students in the Newbury Street houses, and the steady increase in the number of MGH students living at home or in apartments has eased our housing situation. More of the rooms which have been set aside for graduate nurse use have been vacant. Some rooms were needed to expand the Student Health Clinic area; to provide a lounge for commuting students and some offices for faculty who formerly shared office space in the hospital. Renovations in the Student Personnel Service area in Walcott House have resulted in improved morale and efficiency, added services, and in more amenable surroundings for applicants to the School and their parents, for students seeking counseling, and for the work of the Admissions Committee and staff and the Financial Aid office. Renovations in the Walcott House classrooms and the conversion of an unused, ground floor kitchen into a conference room are a tribute to the artistry and skill of the hospital's Maintenance Department. We greatly appreciate all these tangible evidences of the hospital's support to the School of Nursing and the concern and attention to our needs.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING

September 30, 1970

Full-time Faculty	58
Nurses	51
Non-nurses	7
Part-time Faculty	3
Nurses	2
Non-nurses	1
Nursing Students (MGH)	
Freshmen	128
Juniors	94
Seniors	114
Total	336

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

The Advisory Council met eight times this year. The members welcomed the new Council members, Dr. John Connelly, Miss Joanne O'Brien, and Mrs. Leo J. Zilg, Alumnae Association representative, and assisted them with a brief orientation.

Miss Natalie Petzold, R.N., Director of the School of Nursing, and her faculty did a splendid piece of work keeping the members very well informed concerning the changes and progress of the School and of any immediate plans for change in the near future. Matters concerning student recruitment and admissions, financial aid, faculty preparation, turnover, and recruitment were also discussed.

Items on the list prepared by Miss Petzold (included in my report for 1969-1970) continued to be considered by the Council this year.

Many of the members of the Advisory Council have been most cooperative in attending Parents' Day, Open House, and the Graduation Exercises.

The annual luncheon meeting of the Council and Faculty of the School of Nursing, held on March 23, 1971, was most interesting. Dr. John Connelly, Executive Director of the Bunker Hill Health Center which is associated with the Massachusetts General Hospital, was the guest speaker. The members of the Council and Faculty found his description of the purpose, operation, and programs which are going on within the Center interesting and enjoyed and appreciated the slides which he presented to illustrate the industrial activities of the area and pertinent statistics.

It was with a great deal of regret that we accepted the resignations of Mrs. Henry Guild, Jr., and Mrs. Nesmith Holt. We shall miss both of these members very much.

The writer would be remiss in her duty if she failed to express her deep gratitude to the members for all their help and support and in particular if she failed to mention the conscientious and dedicated service of Miss Marguerite Ryan, our secretary, who has produced most succinct minutes of all our deliberations with a great deal of clarity.

MARIE S. ANDREWS
(MRS. JOSEPH W. ANDREWS)
Chairman

Report of the Social Service Department

Last year our annual report began with a statement of the complex social problems patients present as they come to the Massachusetts General Hospital for medical and psychiatric care. During the year 1970-71 the major difficulties facing our patients have been complicated by several major social and economic issues of the day. Predominate among these have been the issues of unemployment, more stringent handling of reimbursement by fiscal intermediatries, and delays in welfare payments. Violence in the cities is another major issue causing housing problems, anxiety, and increasing loneliness and depression as the young and old fear moving about freely to supplement their isolated lives.

The Social Service Department this year saw 205 more patients than last year for a total of 12,412 patients. On the average we see 2.5 other significantly involved individuals for every patient seen. Our average monthly caseload of 3,422 patients is 200 more per month than last year. It has been a very busy year for the Department without additional staff to assist with the ever increasing caseload. Economic restrictions have made the work more difficult and time-consuming in many instances. Our own funds for ancillary assistance to patients earned less this year, and more efforts had to be made to find solutions and raise funds from the charitable foundations of the community. Since all agencies were suffering similar limitations, this was often a time-consuming and disappointing search. We are, however, most appreciative to the Edward Bird Trust, the John W. Boynton Fund, the Lend-A-Hand Society, the Fragment Society, the Frederick E. Weber Charities, the Boston Safe Deposit and Trust Company, the United Community Services, Easter Seal, Noemi Society, American Cancer Society (Massachusetts Division), The Merrill Family, Lotta M. Crabtree Trust, and the Boston Rotary Club for their generous help to our patients this year.

Economic pressures and staff limitations also severely restricted the Welfare Department's efficiency, and delays occurred in processing applications and requests for prior approval of medically necessary items including chronic hospital transfers as well as payment to patients and third party payers for support or monies owed. These factors have caused delays in transfer of patients to other facilities and the oft-reported problem of unnecessary use of the acute hospital bed resulted.

The transfer problems have been further complicated by the institution of three levels of nursing home categories. While the ultimate

goals of this program will hopefully result in more patients being appropriately placed in the level of care required by their condition, the first several months of this program have resulted in delays. The nursing homes have been uncertain as to which patients to accept. Reimbursement factors have resulted in Medicaid patients being excluded from many level III and level I facilities.

As of January 1972, the hospital will be held responsible for even more stringent examination of each patient's discharge plan. State licensure requirements now state that each patient is to be screened early in the admission to insure appropriate and efficient discharge planning.

Because of the restrictions on staff the Welfare Department has had similar problems in processing problems of child neglect and abuse. For the first time in the history of the Department, we have initiated Care and Protection Petitions in the Boston Juvenile Court. We were ably assisted in these actions by Mr. James Vaccarino.

These are only examples of the increased difficulties and pressures which the staff meets in resolving social problems faced by our patients as community and public agencies are less able to function effectively.

Staff changes within the Department this year have been at a minimum. We are pleased with the stability of staff and are only sorry that so many young people interested in hospital employment are turned away. This past year we had over five hundred applications from talented young college graduates for positions in our Department. This fall Mr. Barrett Krasner, formerly supervisor of the Bulfinch Unit, assumed the position of Director of Social Work at the Erich Lindemann Mental Health Center; Miss Ann Daily shifted her supervisory responsibility with the Department from the Clinic Psychiatric Service to the Bulfinch Unit. We took this occasion to further the integration of the Clinic Social Service Unit with Mrs. Alice Rogers, Assistant Director of the Department, now being directly responsible for the Psychiatric Unit as well as the Medical Clinics Unit. All of the supervisors and several of the caseworkers are carrying responsibilities in both Units.

The increased number of patients referred has been especially striking in the Baker Memorial Hospital. Since there was a slight reduction in referrals in the Bulfinch, we have reallocated some staff by decreasing the staff available in the Bulfinch with an increase of staff to the Baker.

Another major increase in referrals has occurred in the Bunker Hill Health Center in Charlestown. They increased by over 100 patients who came from various community sources as well as from the staff

of the Center. We continue our affiliation with the Division of Child Guardianship and are pleased that the mutually satisfying arrangement has continued to increase our efficiency in helping children whose families are unable to provide care. We wish such an arrangement were possible for the hospital population of children in need of these services. Delays and duplication of services are reduced in these especially needful family problems. Negotiations are under way for similar arrangements with the Aid to Families with Dependent Children Unit of Welfare for Charlestown families.

We are also grateful to Mrs. Jane Claflin, the Junior League of Boston, and the Ladies Visiting Committee for their interest and help in establishing a Patients' Activity Center in Charlestown. Due to their efforts, we are hopeful that a community center for patients and other residents of Charlestown will open soon.

The department continues affiliation with the Smith, Simmons, and Boston College Schools of Social Work. A total of 20 students in the Master's Program participated in training at Massachusetts General during the academic year. We have also accepted for the current year two students from Middlesex County Community College. We have continued the Community Mental Health Training Program for Social Workers under Miss Mary Kearney in Charlestown. Also this year ten nurses and ten social workers participated in a two-month training program in work with alcoholics. With the able assistance of Miss Ruth Farrisey from the Nursing Department, we recruited social work and nurse coordinators who organized and supervised the program. Lectures by experts in the field, seminar discussions, and limited clinical experience were well received. Evaluation of this program by Miss Mary Waring, the Social Work Coordinator, has indicated that the participants were effectively helped to learn useful materials in this complicated area.

During the year $118,123.29 was spent by Social Service in ancillary help for patients so that medical recommendations could be carried out. The largest items were: transportation of patients to and from the hospital, $63,392.02; camp, $18,877.20; nursing home payments and homemaker care, $8,249.65. The major item reduced during the year was taxi transportation of patients. This item is $9,000 less than last year. The staff has been cautious in the use of taxi transportation, and taxis have become increasingly unwilling to go into certain areas of the city. In August we shifted to an experimental program of patient transportation with the Mini-Shuttle Transportation Service. The hospital has saved money with this

company, and we are hopeful they will be able to provide transportation efficiently well to meet the needs of our patients.

Finally it would be impossible to leave unspoken in this report a word of regret that Dr. John Knowles will be leaving the hospital as General Director. It has been a great pleasure to work with him for the past ten years. He has communicated confidence as well as unusual ability in solving many of the frustrating problems encountered. His dedication to patient care and to the inclusion of social problems in our definition of health care has enhanced our ability to take care of patients. We wish him well in his future responsibility.

ELEANOR CLARK
Director of Social Service

Report of the Bunker Hill Health Center

As a new method of delivering health services in the neighborhood, the Bunker Hill Health Center has begun to achieve growing respect as it completes its third full year of operation in Charlestown. First and foremost, it has gained the respect of the significant majority of the residents who have utilized its services and continue to express their satisfaction regarding assurance to their convenient access to care as well as the quality of such care. In addition, the Center's implementation of comprehensive, ambulatory services through a single organization working in close concert with other city, state, federal, and voluntary agencies has assured more effective and better coordinated responses to human needs as they reflect quality of life concerns.

The Center has organized various interdisciplinary staff task forces designed to plan for and assist in the implementation of services and activities designed to meet health needs and concerns identified by the residents and caretakers of the community. These task forces have been extremely valuable in increasing the participation of Center personnel in program and service development as well as providing necessary baseline data to seek additional support.

Though the main thrust of the Center has been in providing health care 365 days of the year, it has continued to strengthen its evaluation efforts and to build on its teaching and training functions as well. The unique position the Center holds with the community and the viability of the services it delivers within its flexible organizational structure makes training and research both attractive and valuable.

The dedication and devotion of all the Center personnel, the cooperation of the many other agencies and institutions, and the support of the Massachusetts General Hospital and the Maternal and Child Health Service, Public Health Service, Department of Health, Education and Welfare, has begun the process of realizing the potential of building a health strategy and reorganization of the delivery of services such that better health and quality of life may be realized for the people of Charlestown.

An exciting and important maternal and infant care program was begun in the community of Chelsea in October. This medical program administered by the Bunker Hill Health Center represents the continued interest of the Massachusetts General Hospital of making health care accessible and available in neighborhoods and commun-

ities. Though the program funded through the Department of Health, Education and Welfare is limited at present to servicing children five years of age and younger, the community and the staff have already begun a dialogue and planning for increasing the breadth and scope of health care. We look forward to the challenges and opportunities of servicing a total community.

Patient Care Services

The community mental health services have provided a variety of direct therapeutic assistance to children, adults, and families. In addition to strengthening its mental health consultation program with both school systems and other neighborhood institutions, much effort this past year has gone into developing activity groups for pre-delinquent adolescents and groups of mothers of children with behavior problems, as well as a couples group.

A positive image of dental health has been created in the community through extensive preventive efforts in the schools and meetings with community groups. There is now a two-year waiting list in the children's program and the no-show rate is down to a low rate of 13 percent. There has been over a 300 percent increase in patient visits since 1968 to 6,625 patient visits per year with the full scope of dental care available and accessible to individuals of all ages. An expanded duties program in dentistry is being vigorously developed and will begin sometime early this spring.

The medical services inaugurated an adult nurse practitioner service with those nurses devoting approximately 90 percent of their time to an adult medical practice. With 39 percent of the adult population of Charlestown registering for medical services in 1970, this brings the total percentage of adults in Charlestown who have received such care for the years 1969 and 1970 to 71 percent.

In addition to implementing the nurse practitioner role of the health center, the nursing service has embarked into the community in preventive public health teaching to school teachers, adult and pediatric patients, and educational programs for children. The role of the health center assistant has been expanded in both capacity and task, and volunteers are now being used to assist in school services and programs.

The nutrition service continues to strengthen its counseling services to patients of all ages and their families. Two weight-control groups were initiated with fourth to sixth grade students, and a weight group for mothers was started shortly afterwards. In addition, all prenatal patients are seen for evaluation and counseling during

their pregnancy. Community efforts involve the service in the Head-start program, Girl Scouts, surplus food and school lunch programs, and consumer education.

The pediatric service has witnessed an increase in the frequency of pediatric patient visits with 76 percent of the Charlestown population under 20 years of age now having been registered for pediatric services. The advent of assigning a full-time nurse practitioner to each pediatrician has allowed for the nurse to have more opportunities for encounters with patients, for the transfer of patient care from pediatrician to nurse, and for the establishment of rapport between the parent and the nurse.

Casework treatment continues to be the primary method of care of social services. Groups for mothers of young children, adolescent girls, and males with drinking problems were initiated. In addition, a helper and recipient "pool" of patients who want an opportunity to feel useful to others has been established and operates with great success. The staff continues its liaison relationships with other community organizations including the Interagency Service Association of Charlestown and the John F. Kennedy Family Service Center.

Organizational Interaction

The Schools

The working relationship with the Boston and the Archdiocesan school systems continues to be one of the Health Center's most unique and important assets and the keystone to reaching the Children and Youth Project goal. All Charlestown school children are provided the opportunity of comprehensive health examinations (pre-kindergarten, grades 1, 4, 8 and high school) with provision for follow-up care. In addition, preventive and educational health services are being implemented with the school-age population.

Harvard Center for Community Health and Medical Care

The regular collaboration of the Harvard Center for Community Health and Medical Care in the activities of the Bunker Hill Health Center has guaranteed a wide range and proficiency of expertness in a broad spectrum of issues related to quality, access, and cost of health care. The design of the medical record system with its procedure of patient visit information forms and the development of a management control system served as the underpinning of joint cost-management studies.

City of Boston, Department of Health and Hospitals

A close and very satisfactory working relationship continues with the Department of Health and Hospitals. This partnership, built on

mutual trust and commitment of resources remains a model which all parties would like to see replicated in other areas of the city in order to meet the health needs of city residents. The organizational and staff support provided by the Department of Health and Hospitals is essential to the Health Center's outreach and service efforts.

John F. Kennedy Family Service Center, Inc.

As the Area Planning Council and the multi-service center for Charlestown, the Health Center has continued to strengthen its ties with this agency. Direct patient care services and consultation services are provided to the various components of the John F. Kennedy Family Service Center's programs.

Commonwealth of Massachusetts, Department of Public Welfare, Division of Child Guardianship

The Health Center has continued its close interdependent relationship with the Department of Public Welfare. Awareness of our joint interests in decreasing fragmentation and overlapping of services has led to preliminary negotiations regarding the feasibility of transferring administrative responsibilities to the Health Center of some of the functions of the welfare worker. In addition, a Division of Child Guardianship worker, assigned full-time to the Center, has become a fully integrated team member exemplifying a model of closely integrating public welfare services and health services on behalf of these needy children.

Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc.

The addition of the valuable services of speech, occupational, and physical therapy continues to meet a selective but desperately needed rehabilitative service for the hard-to-reach inner city person who cannot afford the cost of such care.

The Junior League of Boston, Inc.

Preliminary explorations have begun with the Junior League of Boston for the establishment of a community activity center in the neighborhood. It is anticipated that such a center provide social, recreational, vocational, and educational activities for mothers, disabled adults and the elderly.

Boys' and Girls' Clubs of Boston, Charlestown Branch

The dental facilities of the Boys' Club is being utilized for treatment and dental health education with many children receiving their fluoride treatment at this location. In addition, discussions have begun to coordinate more effectively with and strengthen the program of physical examinations of Boys' Club members. This will

increase our potential to reach more children, enhance better quality health care and decrease fragmentation of health care services.

Erich Lindemann Mental Health Center

The goal of a working partnership with the Lindemann Mental Health Center has already made significant advances on behalf of the mental health needs of the residents of Charlestown. Inpatient services are available, after-care services are now coordinated, and the specialized back-up services of the Lindemann Mental Health Center are being integrated. Further discussions and negotiations should result in a working relationship which will enable the people of Charlestown to benefit from a comprehensive range of community health services.

Community Relations and Community Education

Involvement in a relevant dimension of the life of the community is reflected by the increasing amount of Health Center staff participation in community organizations. Some examples include the Charlestown Community Council, Girl Scouts, all Charlestown churches, Charlestown Historical Society, Federation of Charlestown Organizations, Parents and Friends of Exceptional Children of Charlestown, Harbor Area Mental Health Board, Faneuil Chapter of Massachusetts Association for Mental Health, and the Health Planning Council of Greater Boston.

At yet another level, Health Center staff participate in the planning, implementation, and maintenance of community services and activities identified by residents as needed to improve the quality of life for the neighborhood. Examples of such efforts have been talks and panels to the PTAs of public and nonpublic schools, parents of Headstart children, health committee of the Federation of Charlestown Organizations, Mothers' Library Group, and church groups on such topics as growth and development of children, drug use and abuse, alcoholism, dental care and dental services, nutrition and proper diet, prevention of physical disease, etc. In addition, the members of the staff have played a vital role in the provision of transportation services for food shopping and the organization of an ecumenical neighbor-helping-neighbor program.

A significant community service has been given by the Center Chaplain, who has developed a helpful ministry to Health Center personnel, the Charlestown clergy, and the community. In addition, he circulates weekly to Center personnel and the local clergy the names of patients admitted to the Massachusetts General Hospital who list Charlestown as their place of residence.

Evaluation

During this past year the Center has carried out a total of 20 studies, and the staff has contributed 35 publications in the health field.

The Evaluation Services, with the active collaboration of the Harvard Center for Community Health and Medical Care, has been engaged in the following studies and activities:

1. Completed the data system for the entire health center so that visit and registration data are now available for all registered individuals and for all services given by caretakers within the health center.
2. Developed a framework for the medical record arranged by families which will permit caretakers to monitor patient visits received by different members of a family from the different caretakers involved in such care.
3. Collaborated with the Harvard Business School in developing a data system capable of determining unit costs by practitioner to be used within a program management context.
4. Began a study in collaboration with the Harvard Center for Community Health and Medical Care to utilize the cost data of the Health Center in determining a capitation formula for the actual users of the Health Center from Charlestown.
5. Developed a system of time sheets, with the assistance of the Harvard Center for Community Health and Medical Care, which will be used to analyze the manpower shifts occurring during a volume increase in patient care at a neighborhood health center.
6. Completed a study of the impact of the Health Center on the utilization of the MGH emergency room by Charlestown residents which demonstrated not a decrease but rather a shift in the type of usage which occurred. The study revealed that Health Center registrants appeared to be using the emergency room more appropriately, with fewer of the registrants utilizing emergency services as a substitute for primary medical care.
7. Initiated an analysis of the prenatal program at the Bunker Hill Health Center to assess if such women entered care earlier in their pregnancy than individuals who receive such care elsewhere.
8. Formulated a study of hospital discharges to determine if Charlestown patients receiving care at the Bunker Hill Health Center return to the health center following hospitalization at the Massachusetts General Hospital.
9. Conducted a study of the attitudinal differences between health center and private physician's patients.

10. Carried out a study to determine the effect of the health center on hospital utilization by Charlestown residents.

11. Designed a study to examine the relationship between doctors and nurse practitioners involving cost and volume analyses as they related to role perceptions and task transfer. A complimentary study using the critical incident technique was started, and patients with nurse practitioner and with doctor visits were compared with regard to rate of broken visits.

Teaching

The wide range of the teaching programs at the Bunker Hill Health Center are outlined below:

1. Harvard Medical School
   HMS I: Behavioral Science Seminars
   HMS II: 1) Introduction to Clinics
   2) Social Medicine Tutorial biweekly seminar on community health centers
   HMS III: 1) Clinical Electives – Medicine
   – Pediatrics
   HMS IV: 1) Electives in Clinical Medicine and Clinical Pediatrics
   2) Elective in epidemiology of mental health
2. Harvard School of Public Health
   a) Case studies and lectures in the Department of Health Services Administration
3. Harvard School of Dental Medicine
   a) Each senior student rotates for one month
   b) Summer externships – one student full time for ten weeks
4. Massachusetts General Hospital Training Programs
   a) Nutrition: All dietetic interns (27) rotate to Bunker Hill.
   b) Social Services: Community mental health training program for social workers – full time for one year.
   c) Nursing:
      1) Pediatric Nurse Practitioner Program – Twenty registered nurses trained for 16 weeks to expand their role. One hundred and ten graduates to date.
      2) Public Health nursing rotation for each senior student.
   d) Clinical Pastoral Education Program: Community mental health training for one clergyman half time for one year.
   e) Physician Residency Training Programs
      1) Medicine: electives for special studies

2) Pediatrics: elective for clinical preceptorship
3) Psychiatry:
   a) 3-month rotation for first-year resident
   b) elective for third-year resident

5. Others
   a) Forsyth School for Dental Hygiene – eight student hygienists half time during academic year
   b) Girls' Trade School – two dental assistant trainees full time, 15 weeks of the year
   c) Medical Transcribers – health vocational training programs, Roxbury, Mass. – one student per week rotating through Medical Records
   d) Simmons College School of Social Work – graduate student(s) for field placement.
   e) Boston College – doctoral intern(s) in psychology and counseling
   f) Harvard College – study of the environment and its effect on health and behavior
   g) Cambridge University (England) – study on factors associated with choices of medical care.
   h) Harvard Law School – analysis of legal problems involved in health center–community interaction.
   i) Harvard Business School – development of a management control system in a health care setting.
   j) Harvard Center for Community Health and Medical Care
      1) changes in manpower utilization at a neighborhood health center
      2) application of costing data for development of a capitation formula
   k) Yale University School of Public Health – a study of the characteristics of community mental health services in an integrated system of health care as compared to an autonomous mental health clinic.

JOHN P. CONNELLY, M.D.
Executive Director

Report of the Medical Station at Logan Airport

The Medical Station is a specially designed physical care and functional out-of-hospital site intended to provide primary ambulatory care and to facilitate entry into the larger health care system. Its activities continue to be focused around the nurse clinician. A nurse clinician is a professional nurse with specialized training who is able to meet a patient with a primary undifferentiated clinical problem and to assume on-going professional responsibility. Like the physician the nurse clinician is able to elicit the various nuances of the history of the patient and is able to carry out a reasonable topographic physical examination. The nurse clinician assumes the responsibility of defining clinical problems and is able to establish an initial data base alone or with the aid of technical support. The nurse clinician provides initial care at the maximum level of personal competence. In this process, referral to a physician clinician may be necessary. It has become apparent in Medical Station practice that much of the specific management service offered by the generalist can also be provided by the nurse clinician. Acceptance of the nurse clinician and her functions by the patient continues to be excellent. Like the physician clinician the skills of the nurse clinician expand with time and daily experience. An orderly dialogue and active health information exchange can be readily maintained by these two types of professionals providing the roles of each are clearly understood. Better care of the sick, improved health care or anticipatory services and preventive maintenance services result.

When viewed in proper perspective the apparent kaleidoscopic range of activities at the Medical Station do make a coherent pattern. Basic issues in American medicine today include appropriate task-apportionment of professional services and the non-dehumanizing utilization of technology in order to provide equal access, quality assured and cost-effective care of the sick, and other individual health care services. Problems related to each are being studied on a compatible scale at the Medical Station. In response to these concerns, emphasis on the role of the nurse clinician in health care delivery has continued. During the year the Medical Station was one of several training sites for nurse clinicians in a course sponsored by the Nursing Department.

The telemedicine circuitry continues to attract individuals and groups who come for appropriate demonstrations and discussions of the interactive television circuitry with its diagnostic and monitoring

instrumentation. New telemedicine systems patterned on the original telediagnosis circuitry are now emerging in New York, Ohio, Arizona, Pennsylvania, and Puerto Rico.

The Medical Station has also permitted continuing in-depth studies of the nature and value of telemedicine systems. A generous grant from the Massachusetts Port Authority allowed the development of telecounsel transactions with youngsters from the entire para-airport community. In addition, thanks to the continued direction of Dr. Thomas F. Dwyer and to the dedicated performance by many other members of the Psychiatric Service it has been possible to be of great value to the surrounding court system. Young offenders are now being referred regularly for psychiatric evaluation via the telemedicine circuitry from the Medical Station. Probation officers regularly visit for sessions with the counselors at the hospital. The Medical Station clinicians have also become interested in the problems of pre-adolescent children. Numerous telecounsel sessions have been arranged with clusters of children (usually five in number) who meet regularly at the Medical Station for discussion with counselors via the interactive television circuitry with the hospital. From this has come a better understanding of the problems of youngsters in their formative years who are unable to talk things over with their parents or teachers but who respond freely and openly to a responsible adult via interactive television circuitry.

The competence of nurse clinicians practicing at this out-of-hospital site has led to the conviction that an ideal examination room is the next need in the orderly development of this type of nurse clinician. The clinician should have available virtually within arm's length all of the diagnostic and related tools or instruments necessary for examination of the patient. From the specifications already defined by the practicing clinicians at the Medical Station have come the preliminary plans. Next year these plans will be translated into a functional unit which will be thoroughly studied and evaluated by the clinicians themselves.

KENNETH T. BIRD, M.D.
Director

Report of the Dietary Department

The Dietary Department continues to respond to the needs and the temper of our times. We endeavor to implement change – to incorporate today's advances with the still useful practices of yesterday and the promises of the future.

Preliminary studies for a centralized food service when the Medical Service moves to the Jackson Tower is a good example of concerted effort to assure the ultimate in quality through the application of methods engineering and modern design.

Administration

On May 26, 1971, the department's Central Offices and the Dietary Service Center were moved from Temporary I to new quarters in the Gray Basement. The office suite is beautiful as well as functional; the library-classroom is well-located, comfortable, and attractive; the Service Center affords optimum efficiency. Now we turn our attention to the space allocated for a centralized facility for the preparation of salad materials and vegetables. That unit should be in operation early in 1972. Later, the transfer of the Bake Shop to the Gray Building will complete that basement plan.

A continual increase in cafeteria census (7 percent over 1970) has proven the worth of the Quick Queue. The average census on that line is 925 for the noon meal.

Major equipment expense this year has been new dishmachines on the Baker Floors, new food trucks for the Phillips House, and a new sprinkler system installed in each main kitchen.

Clinical Dietetics

We find ourselves in an exciting atmosphere created by new concerns regarding the quantity and quality of nutrition care available. We have been encouraged by intra-departmental interest in dietary services; fresh emphasis has been placed on basic nutrition and there has been an overall increase (20 percent) of individual diet instructions. With the opening of the Newborn Nursery and the ICU in Vincent Burnham, more sophisticated formulae are being prepared. The use of chemically defined liquid diets added $7,500 to the food cost this year. The Nutrition Clinic, the Bunker Hill Health Center, and the new satellite unit at Chelsea report continuing emphasis on nutrition education.

Education

The curriculum for the dietetic interns continues to expand as we afford them opportunities to develop skills and understanding. This

year they have been privileged to visit extended care facilities with the Transfer Office team; assisted with an orientation program for para-medical personnel in the Out-Patient Department; participated in planning various programs of work; and helped to effect a smooth transition from the "house mother" style of supervision at the Herrick House to a "couple-in-residence" way of living at 27 Commonwealth Avenue. Mr. and Mrs. Paul Tobin are an exceptional young couple who have, by sharing their personal philosophy, given life in Boston an extra dimension for these 27 young women.

We have been honored this year to have Barbara Buswell and Verna Davis elected to state office in the Massachusetts Dietetic Association, and Annie Galbraith elected as Speaker-Elect of the House of Delegates of The American Dietetic Association.

As the year ends, the 1971 edition of the MGH Diet Manual goes to press. It is the product of extensive review and thoughtful revision by medical and dietary staff members. We are proud of it and recognize particularly the generous help of the Advisory Committee: Dr. Warren Point, Medical Service; Dr. Edward Keenan, Children's Service; and Dr. Grant V. Rodkey, Surgical Service. The preface reads in part:

> The purpose of the manual is to present information that is useful in the nutritional care of patients. Ambulatory outpatients are considered as well as those who are hospitalized; normal nutrition and diet in disease are included. The manual is a concise outline for the use of health professionals in clinical practice. It is not designed for lay use.
>
> Nutritional principles are identified and illustrated in food lists. The nomenclature used is descriptive of the primary characteristic of the dietary regimen. Diet prescriptions and plans can be individualized to meet specific needs.
>
> The usual meal patterns typical of this geographic region, food composition data, and the committee's interpretation of rational bases for diet therapy are incorporated. Since better standards are not available, Recommended Dietary Allowances of the National Research Council are used as the point of reference for assessing nutritional adequacy of diet and menus.
>
> The hospital menus include a relatively wide variety of foods which are familiar to the majority of our patients. Fat modifications, caloric restrictions, etc., are included only in regimens which are designed for treatment or prevention of chronic degenerative diseases.

The dietary staff, dietetic interns, and personnel envision continual and increasing flexibility to meet the varied demands for service and education as next year's challenge.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the Treadwell Library

Two of the goals mentioned in the first annual report which I wrote after my appointment as Librarian of the Treadwell Library in 1957 were the improvement of the card catalog and the rearrangement of the publications so that material owned by the library could be easily located by the library user. The first goal has been achieved, but because of its nature, the card catalog is constantly being augmented and revised to make it an index to the library's holdings. The second goal was achieved in 1958 when the serials were shelved in much the same arrangement as they are at present. The latest eight years of all titles are now housed on the first or Reading Room floor of the library. The older volumes of all holdings are arranged in a separate alphabet which starts on the second level and concludes on the third level. With the distribution, in July 1971, of a two-page information sheet to some 1,800 members of the hospital Staff, library policies, circulation rules, hours the library is open, location of books and serials, and service should be well-known. This information up-dated, in part, the Treadwell Library pamphlet which was first issued in 1958 as part of the observance of the 100th anniversary of the acceptance of the Original Treadwell Collection and bequest by the Trustees of the Massachusetts General Hospital. It should prove useful in explaining the policies and services of the Library to new personnel.

During the year 1,202 periodical volumes and 655 monographs were added to the collection while 50 publications were withdrawn. The total number of bound volumes now owned by the Library is 37,613. A total of 792 serials, including annuals which are cataloged, are currently received. Hospital employees borrowed 5,988 publications and 58 were loaned to other libraries. Exactly the same number of publications were borrowed from other libraries as were borrowed during the previous year – 1,333 – so it would appear that interlibrary borrowing has leveled off to between 1,300 and 1,400 per year. Inquiries about bibliographic searches performed by the Medlars Search Center at the Countway Library are referred to them directly. During the period July, 1970, through June, 1971, the Center received 116 requests from MGH personnel. Of these 113 were filled and 3 rejected. Approximately 33,811 reader visits were recorded during the day and evening. The library gave away 4,032 items through either the Medical Library Association Exchange, the United States Book Exchange, or directly to MGH personnel or other

libraries. Photocopying has increased so much during the past year – an average of 2,544 pages per week – that one full-time and one part-time employee are required to keep up with the demand. It would appear from this high figure – 132,888 pages for the year – that many readers are not being selective about the articles they ask to have copied, and also, that photocopying is being used as a substitute for the reading of short articles in the library and the taking of pertinent notes.

Several problems, mentioned in last year's report, are persistent, and resolving them is of sufficient importance for them to be included in this report. First, the noise level in the workroom is much too high, especially when both Xerox machines and the TWX are in use at the same time. A single room near the library large enough to contain these machines would solve this problem as well as our storage problem. Second, two staff members are still working in the Cabot Room, the reading room for the Social Service Department. The lighting is poor and the space is inconveniently arranged for optimum performance of their tasks. Also, the Social Service Department personnel are deprived of a quiet place in which to study. Third, the books and shelves are in need of regularly scheduled dusting. The combination of high temperatures, especially in the summer, dry air, and dust are causing the rapid deterioration of many of the older serials. Fourth, a feasible plan should be worked out for either adding additional space to the library or substituting microforms for some of its holdings and thus keeping the working collection within the existing area. Fifth, the number of "missing" books and journals is far too high. An inventory taken at the end of February, 1971, revealed that 118 monographs and textbooks valued at some $1,600 were not on the shelves nor were they checked out to anyone. Most of these publications are in the circulating collection and therefore, may be borrowed by members of the hospital Staff and others who are considered eligible borrowers, so there seems little excuse for their being taken away without being properly charged to the person who wished to use them. During the year 13 of these "missing" publications were either returned or replaced, but an additional 13 have disappeared during that time, so the number still remains at 118. Since we budget about $3,000 a year for monographs, etc., the $1,600 represents a little over 50 percent of our annual book budget. About 50 single issues of serials are missing from the library and many of our bound and unbound serials have been mutilated by having whole pages or parts of pages removed from them. In either case some other reader has been deprived of the

use of material which the library has made available to all by purchasing it in the first place. We have noticed an increasing irresponsibility concerning the library's (actually the hospital's) property and increasing lack of consideration of other doctors by some library users. Many examples could be cited but the most flagrant is the person who removes books from the new book shelf. These have been put on display for all interested persons to examine and read during a two-week period. It is also possible for anyone wishing to read them more thoroughly to write his name on the book cards in the backs of these books so that when each book is ready to circulate he will be called. These books are loaned for a one-week period until everyone on the waiting list has been given the opportunity to read them. However, many readers disregard the fact that they are depriving other people on the list from having access to these books by keeping them out beyond the one-week period. Many of the books taken from the new book shelf are never returned, and others are returned just before the two-week period is up. I think many library users have forgotten that the main reason for having controlled circulation in a library is so that it is possible to locate a book in case another reader wishes to use it. It is not possible for us to do this when books are not properly charged out, are charged out by an eligible borrower and transferred to someone else who may or may not be eligible to borrow books himself, or are carelessly left lying around in conference rooms, lobbies, and on the wards. We do ask that readers stop on their way out of the library to have briefcases, etc., searched but this does not seem to be the answer to this last problem.

Meetings attended by the Librarian included:

1. New England Regional Group of the Medical Library Association, Sept. 25-26, 1970, Maine Medical Center, Portland, Maine, and Yale Medical Library, New Haven, Conn., September 24-25, 1971.

2. Planning meetings of the Continuing Education Committee of the Medical Library Association in Philadelphia, Pa., October 9, 1971; New York City, Jan. 8, 1971; and Boston, Massachusetts, July 1 and July 29, 1971.

3. Joint Committee on Library Service in Hospitals, Council of National Library Associations, American Hospital Association, Chicago, Ill., Feb. 26, 1971; and Lutheran General Hospital, Park Ridge, Ill., July 9, 1971.

4. Medical Library Association, Inc., annual meeting, Waldorf-Astoria, New York City, May 30 – June 3, 1971.

5. American Society of Information Scientists' Seminar on Micro-

forms, Harvard Business School, Boston, Mass., September 15, 1971.

Short orientation sessions were held at intervals throughout the year for the third year Harvard Medical School students on the Surgical Service, the Dietary Interns, and new instructors in the School of Nursing.

The Librarian visited the following libraries during the year: Maine Medical Center Library, Portland, Me.; American Hospital Association, Chicago, Ill.; Lutheran General Hospital, Park Ridge, Ill.; New York Academy of Medicine, New York City; Yale Medical Library and Beinecke Rare Book and Manuscript Library, New Haven, Conn.

During the year the library staff has continued to work with the same fine spirit of cooperation mentioned in last year's report. Mrs. John C. Long joined the staff in October, 1970, and is chiefly responsible for the interlibrary loan service and secretarial assistance to the Librarian. Mr. Richard G. Burton returned as a part-time clerk and Miss Diane Staffier began work in August, 1971, as the clerk responsible for the photocopying. The rest of the staff are: Mrs. Lilly Wechsler, Assistant Librarian and Cataloger; Mrs. Andrew Y. Pao, Assistant Librarian in charge of Circulation; and Mrs. Janice McAdams, Senior Office Assistant in charge of serials, gifts, and exchanges. Clerical help during the year included: Robert L. Amrhein, John M. Flaherty, Thomas E. Flaherty, and Thomas Shepard.

My sincere thanks go to each member of the Library Committee for advice and guidance during the year.

Our sincere appreciation is extended to all donors of publications to the library. Many of these gifts are added to our collection. Duplicates are listed on one of the Exchanges or given to individuals or hospital departments that need them, so that the majority of them are put to good use. To Dr. Henry K. Beecher go special thanks for the framed silhouettes of Dr. Wm. T. G. Morton, Dr. William G. Parker, and Dr. Samuel L. Gross. This, together with a framed photograph of the Ether Dome amphitheater, has been hung at the front of the library. A list of all donors is kept on file in the library, and gifts are acknowledged on the bookplates of all donations retained by the library.

The statistics for the year follow:

	1970	*1971*
Number of periodical volumes	21,924	23,126
Number of other volumes	13,882	14,537
Total volumes	35,806	37,663

Number of volumes withdrawn	92	50
Total number of volumes in Library	35,714	37,613
Number of pamphlets (approximate)	2,400	2,450
Number of items borrowed from National Library of Medicine	196***	183***
Number of pages copied in Treadwell Library	107,436	132,288
Number of items given away	8,781	4,032
Number of periodical titles currently received	778*	792**
Number of bound publications loaned	4,552	5,334
Number of unbound publications loaned	704	654
Total loans	5,256	5,988
Number of items borrowed from other libraries	1,333***	1,333***
Number of items loaned to other libraries	58***	58***
Number of persons using the library during the day	30,398	26,205
Number of persons using library during the evening	6,405	7,605
Total number using the library	36,803	33,811

*Includes 576 purchased, 79 gifts, and 123 annuals.
**Includes 607 purchased, 75 gifts, and 110 annuals.
***Includes photocopies received and sent in lieu of original publications.

GENEVIEVE COLE
Librarian

Report of the Volunteer Department

This year we took pride in observing the 30th anniversary of the department. Our achievements reflect the enthusiasm, ability, and dedication of past and present volunteers.

In my last report I noted that many of us were deeply concerned about the future and change of volunteerism at MGH and elsewhere. In answer to a question often asked of me, "How does the MGH volunteer program compare to similar hospitals, locally and nationally?" I have replied that we have more direct patient programs made possible by the willingness of the staff to train and supervise volunteers. We have one of the largest evening programs in the area with an average attendance of 38 each evening, Monday through Friday. Our greatest difference is that many hospital auxiliaries accent outside hospital fund-raising functions through fashion shows, musical programs, thrift shops, etc. A utilization chart submitted to Administration and others outside the hospital revealed that the four services with the largest number of volunteers were: recreation 166, patient care 98, clinics 91, and the emergency ward 68; 112 have given over ten years of service; 120 over five years and 15 came three times a week. There were 839 volunteers this past year, an increase of 159 over last year; however, the total number of hours, 57,138, were less.

We are especially proud of the continuous growth in the number of men volunteers ranging from high school, college, and graduate students to the retired man. This bastion of male liberation is making a great contribution by helping to admit patients, assisting with diversional activities as well as communicating with the families and friends of patients in the clinics, and by work on the emergency ward and on the units. A total of 108 men were on the program this year setting a new record.

The staff of the Volunteer Department has effectively coped with the influx of approximately 100 student volunteers each summer during previous years. The need for a year around student coordinator to organize a structured program for these young volunteers was strongly felt by the overburdened staff. The Volunteer Services Committee met this need by recruiting and employing Mrs. Susan Mathews, a senior at Simmons College School of Social Work, for a student summer-volunteer study, from June 7 through August 27. The purpose of this study was to ascertain the particular need of young people's interests in volunteering in a large urban teaching

hospital, and to devise a program to maximize their contribution to the hospital. They were asked to complete a questionnaire upon the beginning and termination of their volunteer service. The first was to learn about the students' backgrounds and their motives for volunteering, and the second was an evaluation of their summer experiences. A series of six weekly seminars were arranged to acquaint the students with the diversities of a large teaching hospital, and the job and career opportunities available in health services.

Our thanks to the members of the staff who spoke to the students: Mrs. Ruth MacRobert, Personnel Director; Mrs. Elaine Wilson, Chairman, North End Health Committee; Miss Eleanor Clark, Director, Social Service; Miss Gellestrina DiMaggio, Associate Director of Nursing; Miss Grania O'Neil, Occupational Therapy; and Lawrence Miller, M.D. Two patient-care training sessions were also offered.

During the 12-week period, 90 students ranging in age from 16 to 28 gave a total of 4,956 hours of service. Thirty were men and 12 came from the (ABCD) Action for Boston Community Development, Inc., Neighborhood Youth Corps In-School Summer Program. Mrs. Mathews said the students not only enjoyed and received a great deal of satisfaction from their hospital experiences and were extremely helpful, but also gained self-discipline, insight into their own potentialities and limitations, and showed a greater ability to deal with personal growth and maturity. She concluded her report by stating "the quantity of work involved in organizing this study program bespeaks the need of having a person appointed to perform this function of refining the program on a year around basis and of meeting the needs of the communities MGH serves. Many schools and universities are adopting release time work study programs during the school year giving academic credit for volunteer time. They are interested in directing them to MGH."

We are grateful to Mrs. Mathews for her excellent contribution in helping with the new summer student volunteers. Here are total summer statistics.

	No. of Students	No. of Adults	No. of Men	Total New Volunteers	Total Hours	Total Vols. for Summer	Total Hours
1971	90	63	35	153	6,764	410	12,784
1970	57	44	20	101	5,046	337	11,528

Special committees and studies, such as the MGH Service League Pops Committee, Ladies Visiting Christmas Committee, Art Wagon,

and Tour Committees were directed by Miss Marjorie Bennett, Assistant Director and Secretary of the Volunteer Services Committee, and Mrs. Maeve Blackman, Coordinator of the Volunteer Services Committee. The Tour Committee conducted five historical tours of the hospital, each group consisting of 7 to 20 people. They came from Northeastern School of Nursing, the Islington Community Church, and Atlantic Union College, Lancaster, Mass. Twenty members of the Japanese Adult Education Association of Tokyo visited the department, and with the aid of their interpreter a lecture was given regarding volunteer services, followed by a tour and observation of volunteers working in the hospital. The Gray Admitting Test Area study has been completed and now is staffed by 14 volunteers. Two studies are still in progress at the Phillips House Transient and White 3A Recovery Rooms.

The Bunker Hill Health Center and the North End Community Health Center are making good progress in the development of volunteer services.

At the annual Christmas Volunteer Recognition party on December 1, in the Penthouse, Mr. Edward L. Bigelow, a member of the Board of Trustees, presented the annual Jessie Harding Award for Volunteer Services to Dorothy J. Kranes. Excerpts of the citation follow. "Since 1955 when you started your volunteer service in the new reception center for foreign and professional visitors, instituted by the wives of doctors on the MGH staff . . . you have welcomed and guided visitors with warm hospitality and trained volunteers for this service. In 1964 you were one of the first to volunteer in the new Coffee Shop and you have continued to come weekly . . . To you, Dorothy Kranes, an MGH graduate nurse, and past president of the MGH Service League, I have the privilege of giving this award for your 16 years of dedicated service as a token of the respect and gratitude that we extend to the Volunteer Department." It was a festive occasion and well attended.

One of the functions of the department since 1961 has been to train Directors of Volunteer Services. During this time 37 trainees were appointed to hospitals throughout this country, Canada, and South America. Our new consultation service has been well received, and the following persons were here for three days to two weeks: Sister Juliette Marie, St. Joseph's Manor, Trumbull, Conn.; Mrs. Ann Fernandes, Morton Hospital, Taunton; Mrs. Kenneth V. Smith, Union Hospital, Framingham; Mrs. Joan R. Harley, Anna Jaques Hospital, Newburyport; and Mrs. Carroll English, Salem Hospital, Salem, Mass.

As I look to the 70s, I have great confidence in the future of volunteerism and its ability to keep pace with the changing trends and needs by attempting to carry out the hospital's 150th anniversary message "TO HEIGHTEN THE HOPE OF MAN."

MARY RUTH WOLF
Director

Report of the Volunteer Services Committee

Volunteers come into the Massachusetts General Hospital and the Vincent Memorial Hospital usually through one of five channels: the Volunteer Department, the MGH Service League, the Ladies Visiting Committee, the Distaff Club (wives of House Officers and visiting Fellows), and the Vincent Club. The Volunteer Services Committee serves as an umbrella over these five channels and seeks to coordinate the work of each, to identify within the hospitals their volunteer needs, to evaluate the on-going volunteer services, and to go out into the community to recruit volunteers to fulfill the needs of the hospitals.

During the past year there has been genuine coordination of the many programs directed by the Volunteer Department and the auxiliaries. The joint effort to work together, to eliminate barriers between groups, to avoid duplication, and to share common goals has been noteworthy.

Excellent progress has been made in defining the volunteer opportunities, in writing accurate job descriptions, in maintaining a fairly constant liaison with department heads who have to do with the services of volunteers, and in developing new training programs for volunteers. The success of these efforts is reflected in the statistical report of the Volunteer Department which shows an encouraging rise in the numbers of volunteers and the hours of service they have given the hospital in recent months.

In spite of this we are still left with unfulfilled needs for volunteers in many parts of the hospital which we have not been able to gratify simply because we haven't enough people to do the jobs. The volunteer picture today is changing as is so much of our society. The traditional sources are no longer available in anything like the numbers we need, so it is imperative for us to go out into the community, to try to make new friends for the hospital there, and to attract these new friends into the MGH to help us carry the volunteer load.

At Dr. Stoeckle's suggestion in January, 1971, we introduced ourselves to the young Italian women in the North End who were bringing into being the North End Community Health Center. We had them spend a morning with us at the MGH so that we might learn about what they were doing, and for them to learn about the MGH in a way that they had never done when they had come to us as patients. Firm friendship has developed out of this. What this will

mean in the future we do not know, but we do know that we now have close personal ties to a whole geographical group that is served by our hospital, and we are grateful for this.

The Volunteer Services Committee contacted the Junior League of Boston in hopes of having the young women of that organization share a part of our volunteer effort at the MGH. Negotiations throughout the year have resulted in a Junior League commitment to a Patients' Activity Center in Charlestown.

In January, 1971, the Volunteer Services Committee began a year-long study of student volunteer involvement in the hospital. For the summer program a paid coordinator of student activities was engaged. Mrs. Susan Mathews, a Social Service graduate student, filled this post extremely well. Her excellent study written at the end of the summer is being read not only by us but by other hospitals as well. We experimented with a program in conjunction with ABCD with mixed results, and we are still in the planning stage for further activity along this line.

We have made overtures to the various churches in the Boston area to seek volunteers, and most recently have met with officials of the Roman Catholic Church in hopes of getting members of the different religious orders to come to us as volunteers.

Within the hospital the Volunteer Services Committee was concerned over the poor volunteer coverage of the Children's Clinic Playroom both in numbers of volunteers and consistent standards of service. Mr. Clifford Shiepe, administrator of the Industrial Engineering Department, assessed the function and use of the area. As a result of his findings and subsequent training of volunteers by the Burnham Recreation staff, the management of the entire area was improved.

In May, 1971, the need to develop the Art Center as a multi-purpose volunteer center providing an answering service for the Art Center, making handcraft kits for the Recreation Department, and an on-call supportive volunteer service for patients either coming to the hospital or going from one department to another, became obvious. The physical alterations to the Art Center (the old Branch Store in the Warren Lobby) were completed, and we hope the Multi-Service Center will be functioning early in 1972.

We have tried a series of Medical Briefings to stimulate volunteers, to deepen their knowledge of the workings of the hospital, and to make them more intelligent interpreters of the hospital to the general public. We thank our speakers: Dr. Howard Ulfelder, Chief, Gynecology Services; Dr. Roman de Sanctis, Director of Coronary Cardiac Unit; Dr. Seymour Kety, Chief, Psychiatric Research Labora-

tories; Dr. Daniel Federman, Chairman of Committee on Teaching and Education at MGH; Dr. John Connolly, Director, MGH Bunker Hill Health Center in Charlestown; Miss Mary E. Macdonald, Director, Department of Nursing; and Mrs. Ruth MacRobert, Director, Personnel Department. The reaction of the volunteers who attended was enthusiastic, and we feel our basic purpose has been achieved.

Miss Mary Ruth Wolf and Miss Marjorie Bennett, Director and Assistant Director of the Volunteer Department, have been enormously cooperative in helping us to meet our goals. They are fully aware of the problems of volunteerism today and understand perfectly that only through seeking new commitments on the part of different segments of our society can we hope to meet the challenges of tomorrow. They are continually patient with our efforts and unfailingly generous in their understanding and support. We are very grateful to them.

Mrs. Maeve Blackman, who serves as Coordinator of the Committee, is a blessing to us all. Her genius for understanding the complexities of today's world, her infinite patience, her warm and friendly humanity to all with whom she comes in contact is a constant joy to everyone. We are fortunate beyond words to have her dedication and devotion to the hospital and her activities on behalf of the Committee.

Jean Mayer has said, "The quality of society depends on the extent to which it protects the people who can't fend for themselves." The Volunteer Services Committee is trying to add its bit to the protection of these people who come to the MGH when they can't fend for themselves.

MRS. R. MORTON CLAFLIN
Chairman

Report of the Ladies Visiting Committee

A review of the year shows the Ladies Visiting Committee continuing to fulfill its responsibility for a wide variety of services to the hospital.

The Visiting Committee under the able chairmanship of Mrs. Francis C. Gray, Jr., and Mrs. Phillips Hallowell continued to visit those in need. For the first time a graduate student spent much time visiting in White, Baker, and Bulfinch. Mrs. Gray and Mrs. Hallowell have also given encouragement and support to the new librarian, Mrs. Kessner, who has been enthusiastically improving the Warren Library service to both the Staff and the patients.

The Children's Committee under the expert leadership of Mrs. Ross E. Sherbrooke devoted many hours of care to the young patients in Burnham.

The afternoon coffee service for the Baker patients in the Gray Admitting Area has continued to run smoothly, ably handled by Mrs. Thatcher P. Luquer. This service is now thoroughly coordinated with the morning coffee service run by the Volunteer Department.

Mrs. Frederick Deane has for many years devoted herself to the Chapel and with her unfailing sympathy and understanding has been of invaluable assistance to Chaplain Reed. I would like to express the admiration and gratitude of us all for her long service as she steps down as chairman, and we welcome Mrs. Charles P. Hazzard as the new chairman of this committee.

It is hard to believe that the General Store has been in its new location for under two years. It has become a focal point in the hospital and its unqualified success proves how much it was needed. Miss Anna Revere and Mrs. Francis C. Gray are to be congratulated. January saw the closing of the Branch Store in the Warren Lobby, no longer needed with the beautifully stocked store in its new and central location. The Art Committee and the Art Wagon have moved in, providing our able curator, Mrs. W. G. Constable, with a proper base for keeping up with the never-ending requests for pictures.

The Travelling Store under Mrs. Eustis Walcott's experienced and expert management continues to take much needed supplies to patients throughout the hospital. This is a much appreciated service.

Mrs. J. Peter Hunsaker and the Flower Committee have done their usual superb job of keeping flowers and plants in the Chapel and Phillips House and the White and Baker Lobbies.

Mrs. William Manice efficiently reorganized the arrangements for Christmas decorations on the wards and arranged for groups of carol

singers on the wards, while Mrs. Francis B. Haydock planned and arranged the gay decorations in the lobbies. Although of brief duration these services are of the greatest importance as all who are in the hospital during the holiday season know well.

The young members of the Distaff Club continue to depend on Mrs. Sewall Fessenden for hospitality and advice and are most appreciative of her warmth and understanding.

The Coffee Shop, under the chairmanship of Mrs. Lawrence Robbins until May, and currently under Mrs. Karl Riemer, as always provides a cheerful and welcoming atmosphere as well as delicious food to Staff, patients, visitors, and volunteers.

Mrs. Charles Almy has organized an efficient system for offering tours of the hospital to individuals and groups. Although not under the auspices of the Ladies Visiting Committee, we should take note of the large part members of the Committee have taken in bringing this about.

The Ladies Visiting Committee has continued its support of the Patient Activity Center and assisted in setting up a coffee service for the patients in the Radium Therapy Unit.

The Ladies Visiting Committee is represented by Mrs. George L. Blackman on the Social Service Advisory Committee, by the Chairman and Mrs. Taylor Black on the Volunteer Advisory Committee, by the Chairman on the Volunteer Services Committee, and by Mrs. Sumner Pingree on the Committee on Recreation. Until the closing of Storrow House last spring we were represented by Mrs. Barry Bigelow on the Committee for Storrow House. Mrs. George L. Blackman attended the American Hospital Association conference in Chicago.

The introduction of the problem-oriented medical records early this year had clearly facilitated the process of delivery of ambulatory care. This type of record allows the nurse clinician or the physician clinician to define patient problems at the upper limit of individual professional ability using the data base collected up to the time of decision. Equally important, it reveals how essential proper terminology is during verbal or written health information exchanges. The introduction of the problem-oriented medical record here was facilitated by a new record format. With no interference to patient care, several such formats have already been explored. The ideal format will continue to be "the next one" for a while even though our present record format has been in use for several months.

Since the clinician, either nurse or physician, can now collect more information than can be recorded in the medical record in an opera-

tionally realistic period of time, considerable study has been given to the more exact nature of the medical record as a communications document. A major finding which has emerged from these mutual studies relates to the use of pictorial and graphic input into the medical record. For example, simple cameras, easily operated, now allow immediate documentation of a wide variety of physical findings. The extreme accuracy and vivid portrayal of e.g. an injured eye or a major wound with bodily disruption has focused attention on the extraordinary role which such a visually-oriented medical record (VOMR) can play. Literally hundreds of pictures within this new type of medical record now display a patient's status far more effectively than words alone. In fact, in-depth studies are now underway to establish the validity of the visually-oriented medical record at other sites.

This visually-oriented medical record (VOMR) has become a most important component of an even more recently defined Medical Station systems activity identified as the PROVE medical record. PROVE is an acronym derived from the terms which best describe it, the *pr*oblem-*o*riented *v*isually *e*nriched medical record. This PROVE medical record employs the features of the problem-oriented medical record and adds a variety of pictorial, graphic, and visual modes to produce an improved entity.

Although patient care remains the primary purpose of the Medical Station, our role in teaching is gradually evolving. Students from the School of Nursing regularly spend an elective day observing activities. It was also possible during the past year to have an increasing though small number of clinical and research Fellows from the hospital take part in our ambulatory care services. Since the Medical Station model more clearly resembles community medicine than any other activity at the hospital, this has proven to be a rewarding tour. The eventual objective is to permit a neutrally defined elective rotation of the House Staff to the Medical Station.

We were greatly saddened by the deaths of four of our members: Mrs. David B. Arnold, Mrs. Charles W. Cheney, Mrs. Samuel Mixter, and Mrs. Abbott Stevens.

We accepted with regret the resignations of Mrs. Edwin P. Maynard and Mrs. Richard Treadway. We welcomed two new members, Mrs. Harvey H. Bundy, Jr., and Mrs. Edwin Hiam, and welcomed Mrs. Augustus Thorndike to honorary membership.

To our speakers, Dr. Andrew Guthrie, Dr. Thomas Durant, and Dr. Charles Weingarten our grateful thanks. It was a privilege to have them with us.

We also extend our thanks to Dr. Weingarten for arranging a visit to the Massachusetts Rehabilitation Hospital for our May meeting. Approximately twenty members of the Ladies Visiting Committee were shown around the Hospital and given a delicious lunch.

We look forward to a year of continuing service to the hospital.

MRS. NELSON W. ALDRICH
Chairman

1971 Financial Report of the General Store

Balance on Hand – December 31, 1970			$ 19,420.76
Cash Receipts $163,689.27 (–84.85 + 601.73)			164,206.15
Cash Refund from Storrow House Revolving Fund			74.82
Total Receipts			$183,701.73
Expenses:			
Salaries	$ 37,769.47		
Blue Cross	470.68		
Workmens Compensation	18.79		
Hospital Pension	567.86		
Hospital Pension (Burnell)	475.68		
Social Security	1,741.34	$ 41,043.82	
Stock Purchased:			
Outside Vendors	$101,379.71		
Upper Store	92.71	101,472.42	
Utilities Charge:		142.69	
Miscellaneous:			
Mass. Sales Tax Payments	$ 2,388.75		
Maintenance	135.04		
Christmas	90.00		
Medical Art Department	25.00		
Returned Check (Insufficient funds in Customers Account)	3.75		
Print Shop	16.00	2,658.54	
Total Expenses			$145,317.47
			$ 38,384.26
Paid to Ladies Visiting Committee from 1970 Earnings			10,000.00
Balance on Hand – December 31, 1971			$ 28,384.26

SUMMARY

Receipts	$164,206.15	
Expenses	145,317.47	
Cash Gain	$ 18,888.68	
Decrease in Inventory	1,691.78	
Operating Gain for 1971	$ 17,196.90	
Value of Inventory December 31, 1971		$ 6,071.43

Note 1. The following items were recorded in 1972, but will be excluded for the purposes of the 1972 report:

Cash Receipts	$ 601.73
Sales Tax for December, 1971	278.22

Note 2. The fiscal year of the General Store remains on the calendar year.

MRS. FRANCIS C. GRAY
Treasurer

Report of the Service League

As of December 31, 1971, the MGH Service League membership numbered 522. During the course of the year, 49 new members were invited to join. In recent years there has been an increasing number of new members with no medical affiliation, but we are still for the most part an organization of doctors' wives. Support of the Service League comes entirely from the membership. Dues of $3 a year are voluntary, but more income is provided by supporting members and through additional donations and contributions. From 345 members the Service League received $1,637.

In our volunteer programs approximately a quarter of the members are in some degree of participation. The Service League has five in-hospital volunteer divisions: the Reception Center, Clinics Projects, Chapel Concerts, Information Desks, and the Coffee Shop in conjunction with the Ladies Visiting Committee. Under the capable direction of the Reception Center chairman, Mrs. C. Miller Fisher, the Center has been reorganized. All the resource material and files have been updated. During 1971, 25 volunteers gave 1,220 hours of service, registering 88 visitors from 34 countries. Housing chairmen, Mrs. William C. Quinby and Mrs. Lawrence Martin, have had 64 requests for housing, all of which were filled; furnished rooms, 17; apartments, 44; and houses, 3. This year 28 fewer visitors sought help in housing than last year, or about one-third less, the lowest number since 1965 when 55 visitors asked for help.

Represented were 31 countries, with the most visitors from India (9), England (6), Switzerland (5), and Japan and Canada (each 4). Of the many MGH Departments represented, Medicine invited the largest number of foreign doctors. The Departments of Surgery, Anesthesia, and Neurology have followed closely in terms of numbers of visitors.

The Service League, as an adjunct of the Reception Center, continued to maintain a furniture exchange on the grounds of the McLean Hospital. Furniture was loaned to 125 families. Mrs. Henry Warner, aided by other members, maintained this important service. The hospital provides a truck and men to pick up donations. When necessary, the Service League purchases double-bed mattresses and cribs.

Last year the Reception Center was able to provide our visitors with 92 tickets to various events. Again in 1971 the Service League bought a pair of series tickets to the Boston Symphony Orchestra's

Saturday night concerts. Members of the Ladies Visiting Committee donated many symphony tickets and the Peabody-Mason Music Foundation again gave a generous supply of tickets to various concerts.

Under the able co-leadership of Mrs. Harry Healy and Mrs. Thomas Hackett, the Service League Clinics Projects covered five areas of service during 1971. The Information Desk on the first floor of the Clinics was loyally manned by Mrs. Margaret Morcom and her committee of volunteers. During the year, 14 Chapel Concerts were given for patients. Each concert was fully attended, with many patients in wheelchairs being assisted by volunteers. A total of 620 persons attended. The average for each concert was 45. Fourteen volunteers gave 255 hours in escorting patients and returning them to their rooms. Mrs. Albert C. England arranged an interesting series of programs, and Mrs. Robert Joplin was a valuable coordinator of the volunteer escorts.

Mrs. Oliver Julin headed the Information Service in the White corridor and the Gray lobby. Twelve volunteers worked five days a week from 9:00 a.m. to 4:30 p.m.

For the last several years, Dr. and Mrs. Bradford Cannon have entertained both the Distaff families as well as foreign visitors and their families at a picnic at their home in Lincoln. Mrs. Willard Daggett, who was chairman of this outing, reported that over 100 adults and children attended. Hospitality was also offered our foreign visitors during 1971 through the membership. In July, four swimming pool parties were given, with ten families attending each affair, numbering about 40 guests for each occasion. In August, Mrs. Grant Rodkey organized five successful beach parties, attended by 44 visitors and 92 of their children. Transportation was provided by 21 Service Leaguers who were accompanied by 27 of their own children.

In September, a luncheon was given for single international visitors by Dr. and Mrs. Robert Cantu, attended by about 45 visitors and host couples. Placement for Thanksgiving dinner in American homes was arranged for 14 families by Mrs. Ashby Moncure, who has so warmly and capably headed up our hospitality effort.

The Service League had three social gatherings during 1971. In February, the Distaff Club and the Service League enjoyed an evening of ice-skating at the Boston Skating Club for the third successive year. Managed by Mrs. Vincent Perlo for the Service League, the social occasion was attended by 222.

The annual luncheon was held at Suffolk Downs at the time of the Flower Show, with a ticket tie-in which enabled those who were

interested to see the show. One hundred and sixty-two members and guests attended. Dr. Leon Eisenberg, Chief of Psychiatry at MGH, was the speaker.

Chairman of the Steering Committee for MGH Night at the Pops was Mrs. Charles O'Connor. She organized the various MGH departments working with their committees to make this occasion possible for all MGH employees.

The Service League held its annual meeting at the Shriners Burns Institute on May 11, 1971, with Mrs. Alexander Leaf, President, presiding. Dr. John Stoeckle presented American Hospital Association service pins to fifteen Service League members for 100 hours, nine for 500 hours, and two for 1,000 hours of service. After election of officers, Dr. John Burke told the history and function of the Burns Institute.

There were ten community meetings in the fall of 1971, a significant contact thus being maintained with all members. Another vehicle of communication is the Service League Bulletin published three times a year under the editorship of Mrs. Robert Lawton. In the spring of 1971, Mrs. Alexander Leaf suggested to the Volunteer Services Committee that a coordinator for youth volunteers be employed, and she pledged $500 of the Service League's funds for this effort. This was met with great enthusiasm by members of the committee, and the Ladies Visiting Committee provided an additional $1,000. Mrs. Susan Mathews was employed, and a very successful summer youth program was established.

MRS. MIRIAM FERN
President

Report of the Coffee Shop

The Coffee Shop has successfully completed its eighth year of operation under the joint sponsorship of the Ladies Visiting Committee and the MGH Service League. Representing these two groups are: Mesdames Ezra F. Stevens, Thomas H. P. Whitney, R. Morton Claflin, Charles Almy, George P. Baker, Jr., Vincent Perlo, C. Miller Fisher, Charles Knapp, Dunster Howe, Donald Fern, Alfred Kranes, and Laurence Robbins.

Much of our success is due to our excellent staff of 25 headed by Mr. Joseph Field, Manager, and Miss Nikki Talianis and Mrs. Cliffa Blanchard, Supervisors.

We are particularly grateful to the 22 devoted, active volunteers who have contributed not only 3,000 hours of actual physical work but also have given assistance and comfort to many of our visitors and patients. Our thanks to the Volunteer Department for their continuing assistance to us with additional workers and student helpers in the summer.

The Coffee Shop is open five days a week from 10 a.m. to 8:30 p.m.: it is closed from 4 to 4:30 p.m. for cleaning purposes and preparation for supper hours. Plans are now underway to open The Coffee Shop on weekends, thus providing a more complete service to the hospital. We hope to start this service in January, 1972, using a limited menu and shorter hours.

The shop seats only 85 customers but we have served 244,298 customers during the past year. While our expenses increase, i.e. food costs, salaries, etc., we try hard to keep our prices fair and in line with comparable food services. Service to the MGH, its patients, visitors, and staff is always utmost in our mind.

Our thanks go to Miss Louise Hatch, Mr. Henry Murphy, Mr. Lawrence Martin, and Mr. Joseph McCue for their unfailing cooperation and support for which we are extremely grateful.

LOUISE C. RIEMER
Chairman, Coffee Shop Committee

Report of the Distaff Club

The Distaff Club is composed of the wives of House Officers and Fellows as well as interested women House Officers at the Massachusetts General Hospital. It is primarily a social organization with a variety of social and educational activities and volunteer projects planned to help these women become better acquainted with each other, the Boston area, and the hospital.

This report, which includes the period from October 1, 1970 to October 1, 1971, covers the projects and activities of two executive boards. Officers are elected in early April of each year, and the new board assumes full responsibility by early May. The officers for 1970-1971 were Mrs. Sheldon Gottlieb, President; Mrs. Lawrence Burwell, Vice-President (Program Coordinator); Mrs. Jeffrey Rudnick, Vice-President (Area Coordinator); Mrs. A. Michael Broennle, Secretary; Mrs. Victor Levin, Treasurer; Mrs. Thomas Kilgore and Mrs. Lawrence Mills, Directory Secretaries. Elected officers for 1971-1972 were Mrs. Ronald Emkey, President; Mrs. Lawrence Mills, Vice-President (Program Coordinator); Mrs. Robert Smith, Vice-President (Area Coordinator); Mrs. S. David Stulberg, Secretary; Mrs. Victor Levin, Treasurer; Mrs. John Raaf and Mrs. Michael Lieber, Directory Secretaries.

Service projects undertaken by Distaff during this period included the annual Halloween and Valentine Parties given for the pediatric patients in Burnham, and the wrapping of gifts for the hospital Christmas party. A special service was provided by the Housing Chairman, Mrs. James Willerson. She was responsible for sending housing information to all incoming staff as well as maintaining an up-to-date listing of available apartments and houses.

The winter events were highlighted by an ice skating party in February with the Service League at the Boston Skating Club, which was followed by a Distaff Theatre Party at Brandeis University's Spingold Theatre in March. A "Seventeenth Century Afternoon" at the Hart House in Lynnfield Centre was the topic for Distaff's April meeting. Our annual spring luncheon and fashion show in May featured Ann Taylor fashions. The traditional Memorial Day picnic at the home of Dr. and Mrs. Bradford Cannon was once again a delightful afternoon outdoors for distaffers and their families. Distaff also assisted in the arrangements for MGH Night at the Pops. Many members and their husbands attended this very popular annual event.

A special effort was made in July to welcome newcomers to the hospital. A "Welcome Packet" filled with information about the

MGH and practical suggestions for the newcomer to Boston including Distaff's own booklet, *Distaff Suggestions,* was prepared and distributed to each new arrival. The July Welcome Tea with Dr. and Mrs. John Knowles marked the official beginning of the Club's activities for 1971-1972. The Summer Get-Acquainted Program included area welcome teas, a rum-punch party at the home of Mr. and Mrs. Sewell Fessenden, several beach parties, a tour of historic Salem, a private museum tour, trips to Benson's Animal Farm, The Children's Museum, and an evening at Fenway Park.

The September opening meeting was quite successful with "An Evening with the Masters." Distaffers also enjoyed an evening in October with Dr. Burton L. White, Director of Harvard Preschool Project. Area level activities such as gourmet, bridge, and book groups continue to complement the Club's general meetings.

The Distaff Directory, which includes the names, addresses, phone numbers, and husbands' positions of approximately 500 Distaffers was issued in September. "Distaff News," the Club's newsletter, is published quarterly to keep members informed of the Club's events and activities.

Financial support is provided by annual dues of $3.50. A charge of $1 is made for the Distaff Directory. As of December 1, 1971, Distaff included 178 dues-paying members. Additional funds were raised through a bake sale held in the White lobby of the hospital in the fall. Also, an annual spring bake sale enables Distaff to contribute to the Hospital Therapeutic Recreation Fund for the purpose of needed equipment and supplies.

Individual Distaffers have become more and more involved in volunteer work throughout the hospital. In providing the opportunity for its members to become better acquainted with each other, with Boston, and with the MGH, we hope that Distaff is contributing something of value to both its individual members and, as a volunteer organization, to the Massachusetts General Hospital.

MRS. RONALD D. EMKEY
President

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the MGH Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the MGH. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young MGH staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the General Executive Committee.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays will no longer be required for this competitive prize.

In 1971 two prizes were awarded in the form of a lectureship at the Massachusetts General Hospital to Dr. Howard M. Temin, Professor of Oncology, McArdle Laboratories, University of Wisconsin, and to Dr. David Baltimore, Associate Professor of Microbiology, Massachusetts Institute of Technology.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

Forms of Legacies

A. An Unrestricted Legacy

"I give the Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($) ."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of. . . . . and shall be known as the. . . . . Fund."

Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1962	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967	12,316,960.	3,209,278.	4,603,628.	10,153,245.	6,709,564.	36,992,675.
1968	14,113,649.	3,890,013.	5,624,700.	12,760,249.	10,348,079.	46,736,690.
1969	16,706,831.	4,377,801.	6,140,705.	15,137,966.	12,439,741.	54,803,044.
1970	18,838,791.	5,271,115.	6,678,492.	19,921,196.	14,675,363.	65,385,057.
1971	22,007,304.	5,992,824.	7,736,075.	24,592,002.	16,202,388.	76,530,593

TOTAL NET EARNINGS

1962	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966	8,120,683.	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.
1968	12,358,792.	3,091,597.	5,654,924.	14,466,853.	9,245,841.	44,818,007.
1969	14,454,284.	3,554,365.	6,307,686.	17,030,299.	11,517,879.	52,864,513.
1970	17,197,282.	3,952,509.	7,300,199.	21,810,177.	13,123,511.	63,383,678.
1971	21,534,252.	4,938,888.	8,749,409.	24,886,505.	14,540,399.	74,649,453.

*Research Funds excluded.
**36 Beds Transferred from Private to Semi-Private

MGH CLINICS*

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1962	12,336	204,583**	674	151,915
1963	11,736	201,415**	665	151,734
1964	11,762	205,991**	682	141,872
1965	13,498	210,304**	696	157,252
1966	14,218	212,607**	704	168,338
1967	14,504	226,207**	749	176,013
1968	15,846	237,792**	782	178,744
1969	15,958	236,194**	780	189,133
1970	10,090	180,066**	596	186,168
1971	11,640	190,738**	629	203,248

	Cost of Clinics	Aver. Cost per Visit in Clinics	Total Net Receipts	Aver. Net Receipts
1962	2,108,132	10.30	1,265,340	6.18
1963	2,275,392	11.30	1,433,034	7.11
1964	2,419,666	11.75	1,504,526	7.30
1965	2,525,339	12.01	1,929,031	9.17
1966	3,151,428	14.82	2,327,922	10.95
1967	3,797,697	16.79	3,070,480	13.57
1968	4,550,018	19.13	3,802,362	15.99
1969	5,104,878	21.61	4,427,465	18.75
1970	5,271,115	29.27	3,952,509	21.95
1971	5,982,824	31.42	4,938,888	25.89

EMERGENCY WARD

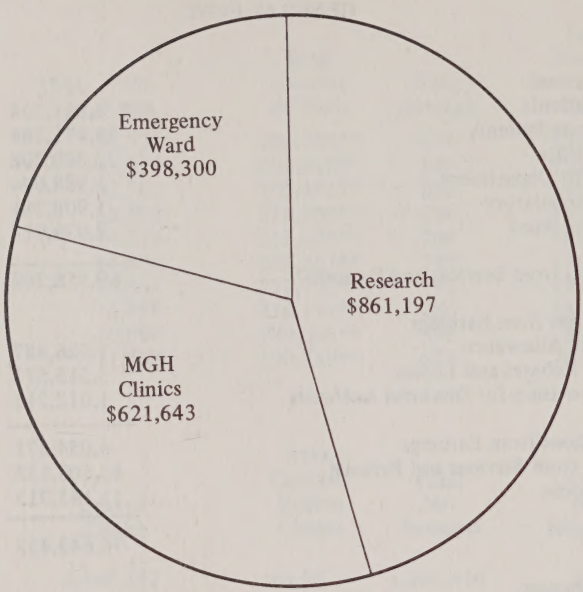
	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	385,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985
1968	66,176	782,766	335,263	1,118,030	688,450
1969	69,695	989,255	495,346	1,483,601	939,583
1970	74,558	1,560,050	638,357	2,198,407	1,162,371
1971	76,405	1,752,272	790,034	2,542,306	1,900,951

*Until 1970, figures were for combined clinics of MGH and MEEI
**Includes Staff and Other – See page 222, 223.

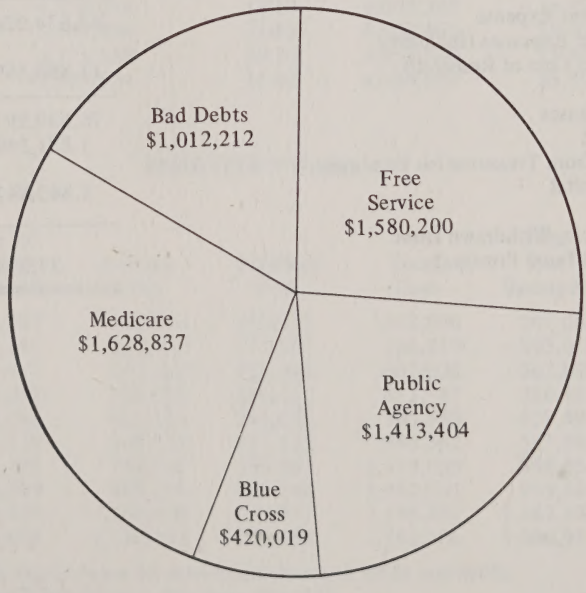
INCOME AND EXPENSE SUMMARY
GENERAL FUND

	1971	*1970*
Operating Income		
Private Patients	$ 8,861,224	$ 7,750,634
Semi-Private Patients	28,471,284	23,445,162
Ward Patients	22,390,208	19,030,786
Out-Patient Department	5,888,094	4,833,838
Private Ambulatory	1,908,381	1,520,735
Emergency Ward	2,039,018	1,654,319
Total Earnings from Services and Patients	69,558,209	58,235,474
Less Deductions from Earnings		
Charity Allowance	1,526,887	1,813,428
Other Rebates and Losses	3,515,572	3,210,690
Net Provision for Doubtful Accounts	1,012,212	480,569
Total Deductions from Earnings	6,054,671	5,504,687
Net Earnings from Services and Patients	63,503,538	52,730,787
Other Income	11,145,915	10,652,892
Total Income	74,649,453	63,383,679
Operating Expenses		
In Patients	54,335,381	45,438,579
Out Patients	5,992,824	5,271,115
Private Ambulatory	1,763,513	1,358,301
Emergency Ward	2,542,306	2,198,407
Total Patient Expense	64,634,024	54,266,402
Add: Other Expenses (Including Indirect Cost of Research)	11,896,569	11,118,655
Total Expenses	76,530,593	65,385,057
Net Deficit	1,881,140	2,001,378
Available from Treasurer for Expenses at Hospital	1,843,842	1,901,412
Final Deficit–Withdrawn from General Fund Principal	37,298	99,966

OPERATING LOSS DOLLAR



DEDUCTIONS FROM EARNINGS



STATEMENT OF FUND EXPENDITURES

Research Fund Expenditures	*Oct. 1, 1970-Sept. 30, 1971*		*Oct. 1, 1969-Sept. 30, 1970*	
Contract				
Salaries & Wages	$1,119,339.82		$ 981,963.93	
Supplies & Expenses	1,635,772.82	$ 2,755,112.64	1,352,253.04	$ 2,334,216.97
Gifts & Grants				
Salaries & Wages	$4,528,667.28		$ 4,639,458.70	
Supplies & Expenses	4,685,343.88		5,618,255.59	
	9,214,011.16	9,214,011.16	10,257,714.29	10,257,714.29
Miscellaneous Income	126,742.56		121,470.59	
Net Expense	$9,087,268.60		$10,136,243.70	
Training Grants				
Salaries & Wages	$2,081,081.29		$ 2,104,979.55	
Supplies & Expenses	629,956.98		572,160.38	
	$2,711,038.27	2,711,038.27	$ 2,677,139.93	2,677,139.93
Other Fund Expenditures				
Contract				
Salaries & Wages	$ 449,778.19		$ 390,769.66	
Supplies & Expenses	1,228,130.99	1,677,909.18	1,217,843.26	1,608,612.92
Other Special Purpose Funds				
Salaries & Wages	$1,060,952.58		$ 989,958.26	
Supplies & Expenses	1,148,246.38		1,366,085.33	
	2,209,198.96	2,209,198.96	2,356,043.59	2,356,043.59
Miscellaneous Income	1,096,890.49		1,054,994.01	
Net Expense	$1,112,308.47		$ 1,301,049.58	
Total Fund Expenditures		$18,567,270.21		$19,233,727.70

STATEMENT OF STOCK ON HAND SEPTEMBER 30, 1971 AND SEPTEMBER 30, 1970

	Sept. 30 1971	*Sept. 30 1970*
General Hospital Apothecary Out-Patient Department Apothecary	$ 840,796.06	$ 886,656.06
General Hospital Upper Store	263,106.95	243,724.65
General Hospital Lower Store	46,383.83	38,973.07
General Hospital Maintenance	115,591.23	124,604.84
General Hospital Postage	3,699.53	7,307.54
General Hospital Print Shop	5,941.10	8,252.20
Other	360,275.53	387,393.16
Total Stock on Hand	$1,635,794.23	$1,696,911.52

SERVICE IN-PATIENT STATISTICS
For The Years 1962-1971

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1962	13,598	408	465	78	148,424	11–	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11–	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12–	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13–	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12+	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12–	8,858	702	5.85	50%
1971	11,876	356	481	74	130,060	12–	5,982	702	5.91	55%

Total number of patients admitted to General Hospital from the year 1921 – 709,780.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1962-1971

1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13–	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13–	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14+	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14–	6,801	528	4.41	59%
1971	12,534	452	416	108.7	165,076	13+	6,667	487	3.88	61%

Total number of patients admitted to Baker Memorial from the year 1930 – 323,243.

PRIVATE IN-PATIENT STATISTICS
For The Years 1962-1971

1962	4,274	129	170	76	46,996	11–	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13–	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14–	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14+	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13–	2,021	140	3.22	67%
1971	4,265	142	173	82	51,870	11–	5,459	145	3.4	60%

Total number of patients admitted to Phillips House from the year 1917 – 194,712.

MGH CLINICS

CLINIC	ACTIVE TOTALS (Total Number of Visits) 1971	1970	1969
Dermatology			
Dermatology	9,743	9,540	9,794
Skin L	1,782	1,475	1,798
Gynecology			
Gynecology	8,020	6,756	5,243
Infertility	484	470	383
Obstetrics	1,469	1,465	1,541
Gynecology/Endocrine	95*	--	--
Medical			
Admitting Physician (see footnote)	--	2,664	6,406
Allergy	4,129	3,736	3,437
Amb. Screening Clinic	14,042	8,421	--
Arthritis	1,364	1,396	1,290
Cardiac	2,422	2,382	2,309
Diabetes	1,011	1,229	1,069
Endocrine	561	596	491
Gastro-Intestinal	978	1,058	1,113
Hematology	759	720	684
Hypertension	425	462	443
Medical-Adult	23,405	21,878	21,690
Pulmonary	726	782	875
Pulmonary 2	435	402	294
Rehabilitation	309	353	258
Thyroid	4,458**	6,395	2,898
Thyroid Metabolism	650**	1,629	1,509
Neuromedical			
Language, Speech & Reading	7,914	7,156	7,115
Neuromedical	6,159	5,798	5,884
Neurosurgical	1,137	998	1,142
Parkinson's	370	434	373
Oral Surgical			
Oral Surgical	7,427	6,263	4,840
Orthopedic			
Amputation Clinic	558	603	728
Amputation Rounds	224	213	226
Fracture	4,751	4,879	4,609
Milwaukee Brace	60	36	47
Orthopedic	6,960	6,896	7,629
Podiatry	2,148	2,191	2,138
Pediatrics			
Children's Cardiac	266	301	244
Children's Medical	6,257	5,509	6,086
Children's Metabolic & Endocrine	535	621	512
Pediatric Allergy	605	671	1,027

Pediatric Dermatology	548	500	676
Pediatric Neurology	987	1,068	1,020
Pediatric Neurosurgery	31	45	86
Pediatric Orthopedic	784	760	840
Pediatric Surgery	309	428	318
Pediatric Urology	358	341	383
Pedi-Genetics	213	49	9
Weight Control Unit	25	50	57
Well Child Clinics	191	418	339
Pediatric Hematology	28*	--	--
Psychiatry			
Psychiatry (Child)	2,586	2,530	1,767
Psychiatry I	9,214	7,818	11,088
Psychiatry II	1,444	2,974	785
Psychiatry III	15,615	11,898	7,701
Surgical			
Hand	161	207	185
Plastic	2,485	1,382	1,273
Surgical	2,188	1,811	1,959
Surgical Dispensary	6,216	7,627	6,974
Surgical Follow-up	3,514	4,210	4,425
Vascular	528	636	709
Thoracic	30*	--	--
Tumor			
Tumor	7,588	7,073	7,407
Urology			
Urology	8,351	7,051	8,268
Miscellaneous			
Social Service	1,532	1,830	2,995
Nutrition	3,174	2,982	3,174
M.G.H. Clinics Total	190,738	180,066	168,564

*Single asterisked clinics came into existence or assumed a separate identity in fiscal 1970-1971.

**Double asterisked clinics were accounted for in a new statistical process in fiscal 1970-1971. The most radically affected figure is the Thyroid Metabolism figure.

N.B. The Admitting Physician became the Ambulatory Screening Clinic in fiscal 1969-1970.

RADIOLOGICAL DEPARTMENT

GENERAL HOSPITAL

	1971	*1970*
House Patients Examined	40,207	25,745
Out Patient Department Patients Examined		18,372
Emergency Ward Patients Examined	10,812	511
Staff and Other		5,264
Total Number of Patients Examined	51,019	49,892
X-ray treatments given (Inc. Baker and Phillips House)	* 35,943	+ 36,887
Number of Examinations	67,214	63,421
Total Number of Examinations and Treatments	103,157	100,308

EMERGENCY WARD UNIT

Emergency Ward Patients Examined	34,494	33,244
House Patients Examined	13,271	11,670
Staff and Other	418	403
Total Number of Patients Examined	48,183	45,317
Number of Examinations	74,572	68,836
Total Number of Examinations	74,572	68,836

PHILLIPS HOUSE

House Patients Examined	5,973	6,632
Total Number of Patients Examined	5,973	6,632
Number of Examinations	8,011	9,861
Total Number of Examinations	8,011	9,861

BAKER MEMORIAL

House Patients Examined	35,579	38,673
Total Number of Patients Examined	35,579	38,673
Number of Examinations	47,074	54,109
Total Number of Examinations	47,074	54,109

ENTIRE HOSPITAL (COMBINED STATISTICS)

Total Number Patients Examined	140,754	140,514
Total Number Patients Treated	1,983	1,967
Total Number Patients Examined and Treated	142,737	142,481
Total Number Examinations	196,871	196,227
Total Number Treatments and Observations	35,943	36,887
Total Number Radium & Isotopes Treatments	164	182
Total Number Examinations, Treatments, and Observations, Radium & Isotopes	232,978	233,296

*Includes 164 Radium and Isotopes Cases
+Includes 182 Radium and Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

PHYSICAL THERAPY

	1971	*1970*
Treatments given:		
Out-Patient	4,618	5,189
General Hospital (Including Eye and Ear Infirmary)	29,210	24,359
Phillips House	2,388	2,468
Baker Memorial	7,706	9,706
Private Ambulatory Patients	5,414	7,566
Total Treatments given	49,336	49,288

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1971, approved by Alexander Grant & Company, auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED BALANCE SHEET
(September 30)

	1971	1970
ASSETS		
Cash	$ 950,176	$ 1,817,818
Investments		
Bonds	20,722,600	22,489,351
Stocks	41,765,972	35,561,312
Notes and Commercial Paper	5,946,861	4,485,883
Real Estate	15,000	15,000
Accounts Receivable (Less Reserve for Doubtful Accounts)	19,079,194	19,096,621
Notes Receivable	438,500	310,709
Inventories of Supplies	1,731,490	1,788,928
Prepaid Items	424,667	365,909
Plant – Less Depreciation Reserve	56,236,453	55,326,254
Construction in Progress	7,978,890	3,402,108
TOTAL	$155,289,803	$144,659,893
LIABILITIES		
Notes Payable	1,500,000	5,500,000
Accounts Payable and Accruels	3,789,780	6,650,805
Mortgage Note Payable	1,410,626	75,198
Unearned Tuition Income	329,005	304,711
Pension Reserves	3,774,242	2,470,524
W.C.A. Reserves	458,130	424,602
Life Insurance Reserves	(5,035)	8,346
General Fund:		
Treasurer's Account	(4,249,643)	(3,105,237)
Director's Account	15,429,507	13,388,680
General Hospital Endowment Funds:		
Unrestricted	5,946,883	5,944,964
Restricted	22,160,429	21,230,896
McLean Hospital Funds:		
General Fund		
Treasurer's Account	(1,646,181)	(2,105,728)
Director's Account	2,140,178	1,894,900
Endowment Funds	1,006,770	853,758
Building Funds	9,534,783	2,114,507
Fiduciary Funds	1,703,714	1,661,311
Temporary Funds:		
General Hospital	5,581,724	4,046,866
McLean Hospital	196,611	172,289
Fiduciary	38,231	37,330
Funds Invested in Plant	56,236,453	55,326,254
Undistributed Security Gains	29,953,596	27,764,917
TOTAL	$155,289,803	$144,659,893

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
STATEMENT OF OPERATIONS
(For fiscal year ending September 30)

	1971	1970
Gross Revenue		
Services to Patients	$73,977,887	$62,294,724
Miscellaneous Income	6,384,870	6,267,882
	80,362,757	68,562,606
Deductions		
Allowances to Patients	1,580,200	1,830,389
Contractual Adjustments	3,462,259	3,193,012
Provision for Uncollectibles	870,358	363,780
	5,912,817	5,387,181
Net Revenue	74,449,940	63,175,425
Operating Expenses		
Salaries and Wages	46,702,919	40,381,084
Supplies and Expenses	26,006,222	21,383,896
Provision for Depreciation	3,112,634	2,857,503
Interest	372,801	425,319
	76,194,576	65,047,802
Operating Income (Loss)	(1,744,636)	(1,872,377)
Investment and Other Income	1,843,842	1,901,412
Less Corporation and General Expenses	136,504	129,001
	1,707,338	1,772,411
NET INCOME (LOSS)	$ (37,298)	$ (99,966)

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
STATEMENT OF OPERATIONS

(For fiscal year ending September 30)

	1971	1970
Gross Revenue		
Services to Patients	$8,767,787	$7,815,422
Miscellaneous Income	457,847	414,059
	9,225,634	8,229,481
Deductions		
Allowances to Patients	385,744	347,434
Contractual Adjustments	36,136	37,547
Provision for Uncollectibles	165,162	120,132
	587,042	505,113
Net Revenue	8,638,592	7,724,368
Operating Expenses		
Salaries and Wages	6,228,929	5,947,504
Supplies and Expenses	1,893,309	1,761,057
Provision for Depreciation	319,801	290,229
	8,442,039	7,998,790
Operating Income (Loss)	196,553	(274,422)
Investment and Other Income	92,442	103,059
Less Corporation and General Expenses	28,082	27,229
	64,360	75,830
NET INCOME (LOSS)	$ 260,913	$ (198,592)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$11,179,864

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$ 10,000
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,509
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	37,510
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,052
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,339
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147
JOHN ASHTON FUND For diseased and wounded soldiers.	54,218

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	$ 22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	712,348
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	10,164
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,064
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	58,500
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,601
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,370
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	$ 1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	352,313
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,791
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	116,226
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	21,300
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for Connecting Building.	10,000

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	$ 341,314
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	248,086
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,520
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914 Disabled Ex-Servicemen's Exchange, Inc. 10,250	66,164
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	4,639

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	$ 20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,399
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.	2,282
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	80,000
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,681,407
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WILLIAM STEPHEN GEPHART MEMORIAL FUND Income for the use of the Committee on Teaching and Education.	$ 4,967
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principle may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,310,134
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	59,139
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	7,054

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	$ 27,500
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190
THE CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	$ 30,150
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies Visiting Committee.	6,189
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	62,630
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	84,878
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	$ 11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	9,880
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillip House nurses.	2,190
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation– *First:* Of the cause, treatment and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery—." Gifts of Dr. Richardson's Sons in Memory of their Father.	$ 15,000
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	32,735
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	10,781
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	39,429
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus Income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	$ 2,000
SHEPARD-GILL SCHOOL Income for operating. Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	93,669
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	4,804
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of Books on research, periodicals, reports or publications, etc.	1,770
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	5,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
SOCIAL SERVICE FUND Income for Social Service.	131,015
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	3,811

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	$ 60,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,152
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department.	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,563
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	50,000
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	1,126

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	$ 30,000
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	100,000
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,555
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal: net income remaining for the general purposes of the Corporation.	62,368
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600
TOTAL	$27,528,206

GENERAL HOSPITAL FUNDS (Continued)

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$ 571,967
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	7,006
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall decend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	15,000
THE GEBBIE FUND Income to be added to principal for 10 years.	524,059
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee, for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	14,330
FANNIE NEWALL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000

GENERAL HOSPITAL FIDUCIARY FUNDS (Continued)

	PRINCIPAL	
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	$ 380,322	
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000	
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890	
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000	
SUSPENSE AND SPECIAL FUNDS	31,650	
TOTAL		1,584,599

BUILDING FUNDS

GENERAL HOSPITAL TOTAL	9,224,818

McLEAN HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL	
For any Hospital purpose		$ 493,997

ENDOWMENT FUNDS

EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135
WENT WORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	5,880
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,199
EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	146,325
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL	
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	$ 24,284	
TOTAL		$ 852,381

FIDUCIARY FUNDS

MARION WETHERILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott	154,248	
TOTAL		154,248

BUILDING FUNDS

McLEAN HOSPITAL		
TOTAL		309,965
TOTAL PRINCIPAL FUNDS		$ 51,328,078

TEMPORARY FUNDS

GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$ 1,556,090	
FIDUCIARY FUNDS	38,231	
SPECIAL PURPOSE FUNDS	3,613,949	
OTHER	411,685	

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	$ 17,499	
SPECIAL PURPOSE FUNDS	179,112	
TOTAL TEMPORARY FUNDS		$ 5,816,566

TOTAL PRINCIPAL FUNDS	$ 51,328,078
TOTAL TEMPORARY FUNDS	5,816,566
FUNDS INVESTED IN PLANT	56,236,453
GAINS	698,362
TOTAL OF ALL FUNDS	$ 114,079,459

Examination of Accounts

ALEXANDER GRANT & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
1600 KEYSTONE BUILDING
BOSTON, MASSACHUSETTS 02110

Board of Trustees
The Massachusetts General Hospital

We have examined the balance sheet of THE MASSACHUSETTS GENERAL HOSPITAL (a Massachusetts corporation, not for profit) as of September 30, 1971, and the related statements of operations and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and related statements of operations and changes in fund balances present fairly the financial position of The Massachusetts General Hospital at September 30, 1971, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year, except for the change, which we approve, in accounting for pension costs as described in Note B to the financial statements.

Alexander Grant & Company

Boston, Massachusetts
November 26, 1971

Gifts and Bequests 1970 - 1971

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE			
Bequests		$2,058,884.35	
Gifts		53,850.38	$2,112,734.73

ENDOWMENT FUNDS

THE FULLER ALBRIGHT FELLOWSHIP FUND			
Gift		50.00	
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND			
In Memory of Joseph V. Rodkey	$ 32.00		
Gifts	11,311.00	11,343.00	
THE WILLIAM APPLEBAUM FUND			
Gift		49,992.36	
BAKER MEMORIAL FUND			
Bequest of Henry Luscomb	19,150.00		
Bequest of Jessie H. Wilkinson Trust	188,358.51		
In Memory of John Thompson	15.00	207,523.51	
THE EDWARD F. BLAND FUND			
In Memory of Russell B. Wright	55.00		
Gifts	175.00	230.00	
CANCER RESEARCH ENDOWMENT FUND			
In Memory of J. Lothrop Motley	1,835.31		
Gift of Jessie Cox	2,916.10	4,751.41	
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND			
Bequest of Harriet H. Sanders Trust	18,034.88		
Gifts	1,575.00	19,609.88	
THE DR. EDWARD D. CHURCHILL FUND FOR SURGICAL HOUSE STAFF			
Gift		5,000.00	
CONVALESCENT HOSPITAL FUND			
Gift		500.00	

GIFTS AND BEQUESTS (Continued)

WILLIAM STEPHEN GEPHART MEMORIAL FUND		
Gift		10.00
INCOME UNRESTRICTED FUNDS		
Bequest of Maud E. Appleton	898.88	
Bequest of Maurice H. Klauss	442.27	1,341.15
PHILIP JOSLIN MEMORIAL FUND		
In Memory of Dorothy A. Joslin		1,021.50
THE VARAZTED H. KAZANJIAN FUND		
Gift		2,500.00
THE MITTON FUND		
Gift		600.00
THE MIXTER FUND		
Gift		625.00
OUTPATIENT CLINIC FUND		
Gift		1,000.00
JOHN FYFFE RICHARDSON MEMORIAL FUND		
In Memory of Donna Petzold	161.00	
In Memory of Mrs. M. Vanakaris	10.00	171.00
THE MARIAN MAHIN ROBB MEMORIAL FUND		
Gift		400.00
MARTHA A. SARGENT FREE BED FUND		
Bequest of William A. Sargent Trust		49,471.40
SCHOOL OF NURSING SCHOLARSHIP FUND		
In Memory of Natalie Keller	50.00	
In Memory of Elizabeth F. Lindsey	60.00	
In Memory of Edward J. Neary	250.00	
Gifts	764.50	1,124.50
TERRY SHUMAN MEMORIAL FUND		
Gift		50.00
ELSIE SKOLNICK MEMORIAL FUND		
Gift		2,500.00
ROBERT H. STEVENSON MEMORIAL FUND		
Gift		10,000.00
THYROID LABORATORY FUND		
Bequest of Ellen D. Flaherty		1,154.64

GIFTS AND BEQUESTS (Continued)

TRAINING SCHOOL FOR NURSES ENDOWMENT FUND			
Bequest of Margaret F. Motley		1,000.00	
WALTER F. AND MABEL E. UNDERWOOD FUND			
Bequest of Mabel E. Underwood		50,000.00	
UNRESTRICTED FREE BED FUND			
Bequest of Col. Harry Clayton Beaman	$ 1,690.87		
Bequest of Natalie R. Beaman Trust	10,393.58		
Bequest of Elbridge G. Cutler	2,931.03		
Bequest of Harry L. Rogal	586.87		
Bequest of Alice M. Wentworth	1,750.00		
Gift	100.00	$ 17,452.35	$ 439,421.70

BUILDING FUNDS

GRAY BUILDING FUNDS		
Gifts	$3,981,164.83	
CANCER AND RADIATION THERAPY CENTER		
Gifts	2,210,133.80	6,191,298.63

FIDUCIARY FUND

GEBBIE FUND	
Gift	85,000.00
TOTAL GENERAL HOSPITAL PRINCIPAL FUNDS	$8,828,455.06

McLEAN HOSPITAL FUNDS

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	377,582.87	
Gifts	62,000.00	439,582.87

ENDOWMENT FUNDS

FREE BED FUND		
Gift	12.00	
EMILY MILLIKEN HALE MEMORIAL FUND		
Bequest of Miss Emily Hale Trust	146,324.62	146,336.62

BUILDING FUNDS

CHILDREN'S PSYCHIATRIC UNIT	
Gifts	156,597.16
TOTAL McLEAN HOSPITAL PRINCIPAL FUNDS	$ 742,516.65

TOTAL PRINCIPAL FUNDS $9,570,971.71

GIFTS AND BEQUESTS (Continued)

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

ANNUAL FREE BEDS FUND		
Gift		$ 110.00
CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 15,809.23	
Bequest of James O. Graves	87.09	
Gifts	200.25	
United Community Services	74,887.00	$ 90,983.57
MISCELLANEOUS FUNDS		
Gifts		320,776.48

FUNDS FOR SPECIAL PURPOSES

Bequests	5,229.18	
Gifts	400,078.55	
Grants – Government	11,293,361.35	
Grants – Foundations	915,833.25	12,614,502.33
TOTAL GENERAL HOSPITAL INCOME FUNDS		$13,026,372.38

McLEAN HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND	
United Community Services	13,791.00

FUNDS FOR SPECIAL PURPOSES

Bequests	7,995.00	
Gifts	181,549.80	
Grants – Government	904,787.45	
Grants – Foundations	1,717.50	1,096,049.75
TOTAL McLEAN HOSPITAL INCOME FUNDS		$ 1,109,840.75
TOTAL INCOME FUNDS		$14,136,213.13

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 9,570,971.71
TOTAL INCOME FUNDS	14,136,213.13
TOTAL GIFTS & BEQUESTS	$23,707,184.84

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-third

Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1971

Belmont, Massachusetts

Massachusetts General Hospital
McLean Hospital

OFFICERS OF THE INSTITUTION, 1972

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
Henry R. Guild, Jr.

Trustees

1947 John E. Lawrence, *Chairman,* 177 Milk Street 02109
1943 Lloyd D. Brace, 100 Federal Street 02110
1947 *Francis O. Schmitt, Ph. D., M.I.T. Neurosciences Research Program, 280 Newton Street, Brookline 02146
1955 Philip H. Theopold, 294 Washington Street 02108
1958 *Sidney R. Rabb, 393 D Street, Boston 02210
1962 Francis H. Burr, 225 Franklin Street 02110
1963 George Putnam, 265 Franklin Street 02110
1965 *Edward L. Bigelow, 225 Franklin Street 02110
1967 *Joseph L. Tauro, Jr., 1107 Post Office and Court House Building 02109
1968 G. Lamar Crittenden, 100 Federal Street 02110
1969 Nelson Darling, Jr., 24 Federal Street 02110
1969 W. Nicholas Thorndike, 28 State Street 02109

Honorary Trustees

1962 Francis W. Hatch, 2300 Prudential Center 02199
1963 Phillips Ketchum, 100 Federal Street 02110
1968 Francis C. Gray, 10 Post Office Square 02109
1968 Ralph Lowell, One Boston Place 02106
1969 Henry R. Guild, 100 Federal Street 02110

McLEAN HOSPITAL COMMITTEE

George Putnam, *Chairman*
Ralph Lowell, Francis O. Schmitt, Ph.D., Sidney R. Rabb
Francis deMarneffe, M.D., *Secretary*

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL
OTHER MEMBERS OF THE CORPORATION

Mrs. Nelson W. Aldrich
Mrs. Frank G. Allen
Mrs. Charles Almy
James Barr Ames
John S. Ames, Jr.
Robert Amory, Jr.
O. Kelley Anderson
Alfred W. Baldwin
Mrs. James T. Baldwin
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway
Mrs. Charles C. Cabot
Walter Cabot
Bushrod H. Campbell
John P. Chase
Theodore Chase
Ferdinand Colloredo-Mansfeld
Mrs. A. Werk Cook
Charles E. Cotting
Mrs. William C. Cox
Mrs. Richard E. Danielson
Miss Betty Dumaine
Robert R. Duncan
Charles J. Dunn
William Ehrlich
Alexander Ellis, Jr.
Donald Falvey, Jr.
Nathaniel W. Faxon, M.D.
Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Peter Fuller
M. Dozier Gardner
Mrs. Francis C. Gray
Mrs. Roland D. Grimm
Edward B. Hanify
Richard Harte
Roy J. Heffernan, M.D.
Edwin W. Hiam
Mrs. Robert Homans
Gilbert H. Hood, Jr.
Harvey P. Hood
Arnold W. Hunnewell
Edward C. Johnson, III
William T. Kemble
Hon. Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.
John H. Knowles, M.D.
Miss Aimee Lamb
Henry A. Laughlin
David Lee
Alfred L. Loomis
Joseph W. Lund
Charles E. Merrill
Colman Mockler
George Olmstead, Jr.
James H. Orr
Mrs. Stephen Paine
Miss Amelia Peabody
Mrs. Sumner Pingree
Miss Anna P. Revere
Mrs. Karl Riemer
Mrs. Horatio Rogers
Samuel S. Rogers
Rt. Rev. Henry K. Sherrill
Richard A. Smith
Raymond S. Stevens
John O. Stubbs
Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello
John B. Vernaglia, M.D.
Ralph B. Vogel
F. Frank Vorenberg
Jeptha H. Wade
Edward A. Weeks, Jr.
James O. Welch, Jr.
George S. Weld

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. in Psych. Nurs., M.S.H.A., F.A.C.H.A.

Assistant Administrator
David B. Balise, R.N., B.S., M.P.H.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies – Acting Director
Frances Palmer, B.S., O.T.R.

Building Service
James C. Shuttle

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S. in Ed., A.D.A. (M.), R.D.

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Nursing
Mildred C. Makin, R.N., B.S. in N. Ed., Ed. M.

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy, B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Elena M. Volante, B.A.

Purchasing
Alexander Armour

Social Work
Golda M. Edinburg, M.S. in S.S.

Volunteers
Anne K. Fallon, B.A.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1972

Counsulting Staff
Mark D. Altschule, M.D.
Erich Lindemann, M.D.
Harry C. Solomon, M.D.
Paul D. White, M.D.

MEDICAL STAFF

Director
Francis de Marneffe, M.D.

Psychiatrist in Chief
Alfred H. Stanton, M.D.

Director of Clinical Psychiatry
Stanley H. Eldred, M.D.

Associate Director of Clinical Psychiatry
Paul M. Howard, M.D.

Psychiatrists
Edward M. Daniels, M.D.
Leon Eisenberg, M.D.

Attending Psychiatrists
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrists
Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Howard T. Hermann, M.D.
Richmond Holder, M.D.
Phillip Isenberg, M.D.
Irene Jakab, M.D.
Maria Lorenz, M.D.
Harvey M. Shein, M.D.
Lawrence A. Stone, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists
David Blau, M.D.
Jo Anne Fineman, M.D.
Peter B. Jenney, M.D.
Davide Limentani, M.D.
Don R. Lipsitt, M.D.
Alan A. Stone, M.D.

Assistant Psychiatrists
Richard H. Bendt, M.D.
Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
David Browne, M.D.
Richard D. Budson, M.D.
Corbett Campbell, M.D.
Paul R. Dinsmore, M.D.
Robert Hopkins, M.D.
Philip Kelleher, M.D.
Robert Leff, M.D.
Amos Nahor, M.D.
Harry Penn, M.D.
Jalna Ann Perry, M.D.
Phelps M. Robinson, M.D.
John B. Spillane, M.D.
Bernard S. Yudowitz, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Jane Bain, M.D.
Ruth Tiffany Barnhouse, M.D.
Paul A. Buttonwieser, M.D.
Lloyd M. Caplan, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Frederick Ehrlich, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Friedman, M.D.
Max Geller, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Carolyn Ise, M.D.
Eda M. Kahana, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingstone, M.D.
Nancy J. McDonnell, M.D.
Edward Meshorer, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Donald Ottenstein, M.D.
Robert D. Patterson, M.D.
John K. Pearce, Jr., M.D.
Michael D. Robbins, M.D.
Alexandra Rolde, M.D.
Charles A. Schwartz, M.D.
Daniel Shaw, M.D.
Arnold Sheinis, M.D.
Michael A. Sperber, M.D.
Ruth Stauffer, M.D.
Larry H. Strasburger, M.D.
William D. Temby, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Harold W. Williams, M.D.
Edward L. Zarsky, M.D.

**Clinical Fellows in Psychiatry*

Perrin L. French, M.D.
Todd F. Holzman, M.D.
Christopher R. Hopps, M.D.
John M. Mols, M.D.
Lucy Salomon, M.D.
Edward S. Schwartzreich, M.D.
Morris Stambler, M.D.

Resident Psychiatrists

Steve G. Agular, M.D.
Donald M. Allen, M.D.
Daniel P. Asnes, M.D.
Rona E. Bornstein, M.D.
John H. Brandt, M.D.
Alan R. Cohen, M.D.
Mary H. Collins, M.D.
Michael D. Daniels, M.D.
Johanna S. Gardner, M.D.
Stephen N. Gerson, M.D.
Rhoda B. Goldwasser, M.D.
William B. Hawthorne, M.D.
Frederic L. Henderson, M.D.
Zonda M. Hildebrand, M.D.
Louis E. Kopolow, M.D.
J. Peter Kulka, M.D.
Mark W. Mahnke, M.D.
J. Wayne Mathews, M.D.
A. William Menzin, M.D.
Charles Middleton, M.D.
Wanda S. Needleman, M.D.
Michael Pearlman, M.D.
Stephen L. Powers, M.D.
Lloyd F. Price, M.D.
Joseph S. Ratner, M.D.
Ralph S. Ryback, M.D.
Walker E. Shields, Jr., M.D.
Roland H. Ungerer, M.D.
Robert Weinstock, M.D.
Judith A. Yanof, M.D.

*Through June 30, 1972

DEPARTMENT OF MEDICINE

Coordinator
Lloyd G. Potter, M.D.

Clinical Assistant in Medicine
Robert D. Busiek, M.D.

Assistant Neurologist
Larry J. Embree, M.D.

Assistant Neurophysiologist
Michael Trachtenberg, Ph.D.

Consultant in Electroencephalography
John A. Abbott, M.D.

DENTAL MEDICINE

Assistant Dental Surgeon
Robert J. Gordon, D.D.S.

RADIOLOGY

Associate Radiologist
Henry P. Pendergrass, M.D.

Radiologic Technologist
Joseph T. Lambie, Jr.

DEPARTMENT OF ACCOUNTING

Comptroller
Thomas J. Burley

Assistants to the Comptroller
Gary A. Alexandrato
Francis X. Norton

DEPARTMENT OF ACTIVITY THERAPIES

Acting Director and Occupational Therapy Supervisor
Frances Palmer, B.S., O.T.R.

Recreational and Music Therapies
Supervisor
Jane Ann Schoonmaker, M.S.

Creative Arts
Supervisor
Helga Haendal

Rehabilitation Counseling

Supervisor

Thomas F. Higgins, M.S.

Activity Therapists

Anne Bickford, B.S., O.T.R.
Shirlee Borell, B.A.
Jonathan Bragdon
Doreen Hartley
Branislav A. Kevich, A.B.
Linda Kiser, A.B.
Janice MacGregor
David McDowell, A.B.
Susan Needleman, B.S., O.T.R.
John Shank, B.S.
Ellen Silberberg, B.S.
Fredda Simon, B.S., O.T.R.
Helen Spitzer, B.S., M.S.

Psychomotor Therapists

Rufus Peebles, J.D.
Albert Pesso, B.A.

Rehabilitation Counselors

Roger Abdel, Ed.M.
Richard Friswell, Ed.M.
Janet Voelker, Ed.M.

Patients' Librarian

Brian Schoenberger, B.A.

DEPARTMENT OF DEVELOPMENT

Director

Winston R. Johnson, M.A.

DEPARTMENT OF NURSING

Director of Nursing

Mildred C. Makin, R.N., B.S. in Nsg.Ed., Ed.M.

Assistant Director for Nursing Administration

James Paul Walsh, R.N., B.B.A.

Administrative Assistants for Nursing

Vera K. Dunkley, R.N.
Rose M. Hobson, R.N., B.S.
Mary Fuller, R.N.
Audrey S. Hurley, R.N.
Virginia E. Ladd, R.N.
John P. Pitcherale, R.N., M.S.N.

Clinical Nursing Supervisors

Marguerite A. Conrad, R.N.
Joan K. DeJong, R.N., B.S.N.
Marilyn E. Fitzgerald, R.N., M.S.
Ruth M. Fitzgerald, R.N., Ed.M.
Janice L. Gibeau, R.N., B.A.
Barbara Laskowski, R.N., B.S.N.
Charlene E. Miller, R.N., B.S.N.
Verne E. Moberly, R.N.
Alice Zapasnik, R.N.

Head Nurse, Day Care

Audrey A. Mosher, R.N.

Head Nurse, Staff Clinic
Linda Rowe, R.N.

Coordinator of Training in Nursing Process
LaVonne E. Davidson, R.N., B.S. in N. Ed., M.S.N.

Instructor in Nursing Education
Wilmah Berkey, R.N., B.A.

Assistant Instructor in Nursing Education
Joanne Brody, R.N.

Consultant in Nursing Education and Research
Ida O. Pelletier, R.N., B.S. in Pub. Health, M.A.

Director Emerita, School of Nursing and Nursing Service
Margaret C. Tibbetts, R.N., B.S. in N.Ed.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School
John F. Dunn, M.A.

Deans
John B. Bowdoin, B.S.
Kenneth R. McElheny, M.A.

Instructors in English
Gail Fuhrer, M.A.T.
Edward Morgan, B.A.
Patricia Neuman, M.A.
Sayre P. Sheldon, M.A.

Instructors in Mathematics
Jeremiah McCarthy, B.A.
Linda Palmiter, B.A.
Thomas Saghafi, M.S.

Instructor in French
Jean Abner Genece, B.A.

Instructor in Spanish
Yves Nau, B.A.

Instructors in History
Joseph Aieta, III, M.A.
James Jenkins, M.A.
Detlev Suderow, B.A.

Instructor in Media, Creative Writing, and Dramatic Literature
William Redpath, M.F.A.

Instructors in Science
Jamie German, M.A.T.
Caroline Schastny, B.A.

Instructor in Music
Elizabeth Cox, B.A.

Instructor in Art
Marjorie Trenk, M.A.

Librarian
Linda Roscoe, B.A.

Research Associate in Education
William C. Kvaraceus, Ed.D.

Associate Psychologist
Helen J. Kenney, Ed.D.

DEPARTMENT OF PERSONNEL

Director
David W. Bohy, B.A.

Compensation Coordinator
Edward J. Flynn, B.S., C.B.A.

Training Coordinator
Andrew D. Stone, A.B., M.Ed.

Personnel Representatives
Robert F. Belluche, A.B., M.B.A.
Henry I. Hatch, B.A.

DEPARTMENT OF PHARMACY

Director
George R. Zager, Reg. Ph., M.S.

Assistant Chief Pharmacist
Robert Connell, Reg. Ph., B.S.

DEPARTMENT OF PLANT AND OPERATIONS

Director
John B. Larson, B.S.

Assistant Chief
John J. Blanchard

General Foreman
Donald E. Megliola

Foreman, Public Works
Donald Petrino

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene P. Stiver, Ph.D.

Associate Psychologists

Richard J. Bonier, Ph.D.
David J. Ingle, Ph.D.
(Neuropsychology Laboratory)
Helen J. Kenney, Ed.D.
(Department of Education)
Norbett L. Mintz, Ph.D.
Scott A. Reinhardt, Ph.D.
Robert D. Schnitzer, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologists

Sophie B. Mintz, Ph.D.
Judith Singer, Ph.D.
Marsha Vannicelli, Ph.D.

Post-Doctoral Fellow

*Leslie Lothstein, Ph.D.

Fellows

Arthur Cobb, Ph.D.
Judith Jordan, Ph.D.
Virginia Senders, Ph.D.

Interns

Lester Butt, B.A.
Richard Hellman II, B.S.
Nini Leick, M.A.
Harold Pass, M.A.
Gail Price, M.A.
Harvey Waxman, M.A.
Marcia H. Wright, B.A.

DEPARTMENT OF PUBLIC RELATIONS

Director

Elena M. Volante, B.A.

Public Relations Assistant

Teresa V. Cryan, B.A.

DEPARTMENT OF PURCHASING

Director

Alexander Armour

Assistant Purchasing Agent

Edward M. Mulligan

DEPARTMENT OF RESEARCH

Director of Scientific Research

Jordi Folch-Pi, M.D.

Neuropathologist

Alfred Pope, M.D.

Assistant Neuropathologist

Harvey M. Shein, M.D.

*Through August 31, 1973

Associate Biochemists

Joseph Eichberg, Jr., Ph.D.
George Hauser, Ph.D.
Richard L. Katzman, Ph.D.
Marjorie B. Lees, Ph.D.
Victor E. Shashoua, Ph.D.
Pierre J. Stoffyn, Ph.D.

Assistant Biochemists

David Sakura, Ph.D.
Ann Marie Stoffyn, Ph.D.
David R. Whikehart, Ph.D.

DEPARTMENT OF SOCIAL SCIENCE

Senior Research Assistants

Betty-Jane Scheff, M.A.
Peter Wollston, M.S.

Research Assistant

Karen Morrall, B.A.

DEPARTMENT OF SOCIAL WORK

Director

Golda M. Edinburg, M.S. in S.S.

Supervisors

Shirley Goldstein, M.S.S.
Constance McGrath, S.M.
Martha M. Norton, M.S.W.
Anne Wallens, S.M. (Outpatient Clinic)

Coordinator of Admissions

Barbara Schwartz, S.M.

Psychiatric Social Workers

Darlene Bojrab, M.S.S.
Dana Connell, M.S.W.
Irene Daitch, M.S. in S.S.
Sheryl Foti, M.S.W.
Marian Frick, S.M.
Shirley Greenberg, S.M.
(Outpatient Clinic)
Frances Grey, S.M.
(Outpatient Clinic)
Judith Haggerty, S.M.
Stella Hartz, M.S. in S.S.
Wendy Kelman, M.S. in S.S.
Carol Rubin, M.S.W.
(Outpatient Clinic)
Penelope Tyson, S.M.
(Outpatient Clinic)
Joyce Van Slooten, M.S.W.
Suzanne Vogel, S.M.
(Outpatient Clinic)
Helen Warren, S.M.
Eve Welts, M.S. in S.S.

Group Social Workers

Denise Block, M.S.W.
Rachel Eggert, M.S.S.A.
Benjamin Lewis, M.S. in S.S.
Marsha Spector, M.S.W.

Research Social Worker

Mollie Grob, S.M.

UNIT HEADS

Clinical Laboratory
Sister Rita Imelda Sullivan, B.S., R.M.T.
Virginia P. Gearin, B.S., M.T. (A.S.C.P.)

Libraries
Hector Bossange, M.S.

Physical Therapy
Sarah M. Lawthers, R.P.T.

Podiatry

Podiatrist
Theodore H. Atkinson, D.P.M.

X-Ray
Joseph Lambie, Jr., R.T. (A.R.R.T.)

DEPARTMENT OF VOLUNTEERS

Director
Anne K. Fallon, B.A.

Report of the Director

Continuous, conscious adaptation of McLean as an institution to the many forces of change, both within the hospital and in the society and mental health field, continued as a main thrust behind hospital activities of the past year and future planning for the years ahead.

Significant among the major forces of change, described in greater detail later in this report, were:

1. A confluence of financial pressures created by such factors as the trend noted in previous reports regarding increasing short-term hospitalizations; the wage-price freeze; and anticipated extension of Unemployment Compensation coverage to hospital employees.
2. Continuing federal and state legislative activity with impact on hospital affairs.
3. Continuing reappraisal of the mission and organization of the hospital as the result of consultation with the Harvard Laboratory of Community Psychiatry, and anticipation of the appointment of a new Psychiatrist-in-Chief.

Financial

Financially, the hospital more than made up for the sizable operating deficit of the previous year. It met the problem created by shorter hospitalization stays for greater numbers of patients with limited insurance by substantially increasing the number of admissions during the year. Intensive efforts directed toward patient referral sources, as well as efforts to expand our services, resulted in the improved financial position of the hospital at the end of the fiscal year.

Increasing income was one side of the coin; the other was reducing, wherever possible, the cost of care, without reducing the quality of care. It has been clear for some years that the rising cost of hospitalization cannot continue at its present rate. There has been increasing evidence that, sooner or later, unless institutions solved this problem voluntarily, the government would step in to control the inflation of medical costs.

President Nixon's freeze on wages and costs was a clear and dramatic warning in this regard. The hospital at the end of the fiscal year was waiting with some anxiety to find out what the guidelines would be under Phase 2 of the freeze, what balance would be struck

between the permissible salary and other cost increases on the one hand, and the permissible increase in charges on the other. The presidential freeze was a significant reminder of the extent to which health care providers, and hospitals in particular, are increasingly affected by governmental agencies and forces in society over which they have no control.

Additional financial pressures anticipated at year end resulted from such factors as: (a) the extension of the Massachusetts Unemployment Compensation coverage to hospital employees for the first time in January, 1972; (b) changes in the hospital's contract with Blue Cross-Blue Shield regarding reimbursements to the hospital for patient care costs; and (c) the recommendation of hospital actuaries that funds set aside for future hospital employee retirement benefits be substantially increased.

Legislative Activity

Other external forces affecting hospital operations arose from state and federal legislative activity. The new Mental Health Act of 1970, originally scheduled to go into effect on July 1 and then deferred to November 1, radically redefined the grounds on which psychiatric patients can be admitted, particularly involuntarily, to psychiatric hospitals. The intent of the Act to protect patients' civil rights is a very desirable objective. However, we are concerned that some of the new criteria for involuntary hospitalization may not be sufficiently broad to insure that all those who need psychiatric hospitalization, albeit not on a voluntary basis, will receive it.

Therefore, a considerable amount of effort was expended suggesting amendments to the Department of Mental Health and the framers of the new Mental Health Act. These, however, were not passed. The new Mental Health Act is due to go into operation in November 1971 and the hospital has prepared itself to continue treating its patients in the best possible way under the restrictions of the Act. Only time will tell whether the new Act is an improvement on the old and whether the concerns mentioned above prove justified in practice.

Another uncertainty before us is that the dissatisfaction in the country about the financing and delivery of health services has generated tremendous pressure for the enactment of a National Health Insurance Plan. There are currently 20 proposals before the Congress for such a plan, but none of these provides adequate coverage for psychiatric illness. In fact, all but one ignore the mentally ill altogether. Every effort was made to communicate with legislators in the Congress, both directly and through national professional organi-

zations, in an attempt to enlighten the proponents of national health insurance about the deficiencies in coverage for psychiatric illness and treatment.

At the national level, also, we continued to contribute to the establishment of standards for psychiatric facilities. Out of eleven members of the Accreditation Council for Psychiatric Facilities of the Joint Commission on Accreditation of Hospitals two are McLean staff members, the Director as Chairman, and Dr. Lawrence Stone representing the interests of child psychiatry.

Our activity; both on these bodies and in legislative affairs, symbolizes our belief that involvement with decision-makers in the society is essential if we are to influence actively the development of change, rather than to react to change after the fact.

Organization and Mission of the Hospital

Among the many important events at the hospital during the year the most significant one was the reconvening of the Hospital-Harvard Medical School *ad hoc* Committee for the selection of a new Psychiatrist-in-Chief under the chairmanship of Dr. Paul Russell, Homans Professor of Surgery at the Massachusetts General Hospital. This Committee, with the active participation of Dean Robert Ebert and Dr. John Knowles, worked very effectively. At the end of 1971 it appeared that its search would be successful in the near future and that, at long last, McLean would be assured of important continuity in the leadership of its clinical, teaching, and research endeavors.

As the hospital continued the reappraisal of its mission of serving the community in the years ahead, it sought the assistance of the Harvard Laboratory of Community Psychiatry under the directorship of Dr. Gerald Caplan. A consultation by Dr. Ralph Hirschowitz of the Laboratory of Community Psychiatry was conducted, involving in-depth research and investigation both in the community and in the hospital over a period of seven months. The questions we wanted answered, among others, were: What patients has the hospital treated traditionally and how well? What patients has the hospital not treated and why? What patients might the hospital treat in the future and how? In addition to this "market study" we asked what areas other than direct patient service the hospital was uniquely equipped to provide; what types of educational programs the hospital should be providing for a wide range of agencies and professionals and nonprofessionals in the community; and finally, what type of hospital organization would be most suited to fulfill in an effective and economical manner the present and future missions of the hospital.

Visiting Committees

In our continuing efforts to involve the community more in hospital affairs and to keep appraised of trends and changes in the society in which we operate, it was decided to establish Visiting Committees for various hospital programs. While no committee had yet been appointed at the end of the year, we were actively engaged in developing such committees. Their purpose will be to assemble as a committee a number of professionals and interested, knowledgeable citizens to review various aspects of the hospital's activities so as to contribute to the hospital's future development and help the staff in developing new directions.

Research

During the year the Advisory Committee to the Director of Scientific Research held its last meeting. This committee had proved to be extraordinarily helpful to the Research Laboratory since its inception in 1948, at a time when essentially the only research being conducted in the hospital was in that Laboratory. However, with the expansion of research in other areas of the hospital, such as neuropsychology, neurophysiology, social science, and psychiatry, it seemed that the time was ripe for the appointment of a broader based scientific committee. A Trustee Advisory Committee on Research, patterned after the one which has operated so successfully at the General Hospital, will be appointed. It is planned that this committee will meet once or twice a year to provide outside evaluation by leading scientists of the overall existing research effort of the hospital and suggest new directions. The actual appointment of members to this committee will await the appointment of the new Psychiatrist-in-Chief.

The hitherto small internal hospital Research Committee, which for many years had functioned mainly as the recommending body for the spending of the General Research Support Grant, was expanded to include the majority of hospital scientists engaged in research. For years we have been concerned about the fact that our research effort is fragmented and that there has been insufficient cross fertilization between the basic, the clinical and other investigators. The expansion of the Committee on Research was an attempt to bring together the whole of the research community and to encourage and facilitate dialogue among them and appreciation for each others' interests and work. It was hoped that out of this would come important cross exchange which would facilitate the application of basic scientific techniques to the study of human problems at the clinical level. At the same time the Executive Committee on Research was created to be the executive arm of the research effort.

Children's Center

A significant event during the past year was that the long period of planning for the Hall-Mercer Building of the Children's Center reached fruition with the signing of a building contract and breaking ground for the construction of this 40-inpatient unit for children under 13, which will also provide day care, outpatient, and educational facilities for children. The building is expected to be completed in January of 1973.

Arlington School

The Training Institutes for the treatment and education of emotionally disturbed children, begun last year under the aegis of Dr. Helen Kenney, Dr. William Kvaraceus, and Mr. John Dunn, have continued for a very successful second year. These Institutes have attracted many teachers, school administrators, mental health professionals, and parents from across the state who come for one or two days of intensive training, which includes sharing our experience in the treatment and education of adolescents. Since the hospital is likely to expand its effort in continuing education in the community, the Training Institutes of the Arlington School are proving to be the prototype for the development of institutes in other fields.

The Arlington School has continued to be one of the most progressive and exciting programs in the hospital. Its national reputation as a school in a psychiatric hospital was reflected by its accreditation by the New England Association of Schools and Colleges, the first school in a psychiatric hospital to be so recognized.

One of the first Visiting Committees which will be appointed will be established for the Arlington School. At the end of the year the search was one for a top-flight educator to be its chairman.

Berkeley House

This was the first full year of operation of Berkeley House, the hospital's halfway facility, and our experience has justified the hopes we had when it was established. During most of the year, 23 residents have lived at the residence during the period of transition from hospitalization to full participation in community life, under the direction of Dr. Richard Budson and the able management of Mr. and Mrs. Jolley. The Halfway House has proved of help to at least 45 individuals who have at one time or another lived there this past year. It is financially sound from the standpoint of the hospital and relatively inexpensive from the standpoint of the residents. Residents either work or go to college, or the few of them who cannot are attached to the day care program at the hospital. At the end of the year the need for additional halfway house facilities was under review.

Significant also is that Berkeley House, while giving priority to patients of McLean, has also served individuals referred from other agencies, including the General Hospital in Boston. The work of Dr. Budson and his experience in developing the Halfway House is a good example of how something developed by McLean can have much broader implications for the state and the country. Dr. Budson is also working as Consultant to the Department of Mental Health and is involved in developing regulations for the guidance and operation of halfway houses across the state.

Berkeley House has benefited from generous gifts totalling $220,000 to establish it. This included $185,000 from an anonymous donor, $25,000 from the Auxiliary, and $10,000 from miscellaneous donors. This encouraging development will, we hope, be repeated in other hospital programs.

Brandeis

During the year discussions began with Brandeis University, and specifically its Health Service and Psychological Counseling Service, aimed at developing a collaborative effort between the hospital and this nearby university. The objective is to find a way for the psychiatric, nursing and social work staff at McLean, including the resident psychiatric staff, to participate in an active way with providing psychological services to students and faculty at Brandeis, thus broadening their professional experience and contributing their expertise to the tasks which face most major universities today.

Public Relations

The task of informing the public about McLean and presenting the hospital's work in a better light continued during the year in many ways and on many fronts. The informational lunches were held frequently at the hospital for between 15 and 20 people in the community. In addition to a general description of the hospital, more detailed presentations on various aspects of the hospital program, such as day care, outpatient clinic, adolescent treatment, and the Arlington School were made by the professionals involved.

The hospital also hosted for the first time a meeting of the Harvard Wives. Eighty-five wives of senior Harvard faculty, including Mrs. Pusey and the wives of several deans, visited the hospital. This event was so successful that we were asked to repeat it next year.

In addition, lunches were held at various intervals under the chairmanship of Mr. Putnam for businessmen in downtown Boston. These provided opportunity not only for a formal presentation of the work of the hospital in the context of the national and state mental health

picture, but also an opportunity for asking questions and correcting some of the impressions that some people have about the hospital.

During the year Mr. Frederick McDonald resigned as Director of Public Relations after three years to return to private industry. Miss Elena Volante was appointed Director of Public Relations and she brings to her new task at McLean considerable experience in writing and administration.

On several occasions during the year evidence that the hospital must improve its communication with families of patients and with referring physicians was reconfirmed. Much effort continued to be directed toward correcting the situation. This impression was further confirmed by the study of Dr. Hirschowitz, and it is expected that next year even further efforts will be focused on this particular problem.

Activity Therapy

During the year occupational therapists and recreational therapists were assigned to the various halls more in the capacity of generalist activity therapists than in their particular specialty. This was done in order to provide better coordination between the clinical treatment of patients and their activities in the hospital.

Mr. James Garland resigned as Director of Activity Therapies to return to teaching as an Associate Professor at the Boston University School of Social Work. Miss Frances Palmer, Supervisor of Occupational Therapy, was appointed Acting Director of the Department.

Social Science

Dr. Richard Longabaugh, Chief of the Social Science Department, resigned to go to the Langley Porter Neuropsychiatric Institute in San Francisco. The Social Science Department has, since its inception in 1958, contributed both scientific talent to various research projects in the hospital and to a study of the institution as a whole. Yet at the end of this experience the most effective way of making the contributions of social science to hospital organization and patient treatment is still not clear. Therefore, it is expected that before a new Chief of the Social Science Department is selected, a review of the role of Social Science in a psychiatric hospital will be made with the participation of the new Psychiatrist-in-Chief.

Auxiliary and Volunteers

While the bulk of the work of the hospital is inevitably performed by its salaried employees, whose competence and loyalty serve the hospital well, particularly at this time when the financial rewards

which they may expect are uncertain in the light of the presidential freeze, acknowledgement must also be given to those individuals who participate actively in the work of the hospital on a voluntary, unpaid basis. The Volunteer Department under Mrs. Anne Fallon has continued to expand, both in numbers of volunteers and numbers of hours worked, and in the areas in the hospital and programs in which volunteers have participated. Also, the hospital continues to be grateful year in and year out for the most important public work that is being performed by the Auxiliary and particularly its hard working Board of Directors under the chairmanship of Mrs. Lawrence Stone.

Conclusion

In view of the announcement that Dr. John Knowles will be resigning at the end of 1971 as General Director of the MGH to assume the presidency of the Rockefeller Foundation, I would like to pay tribute to the contribution he has made to the McLean and to its Director. Our association goes back to the early 1950's when we were both Assistant Residents at the General. We then each went our separate ways for a number of years, but met again in 1961 when he became Director of Hospital Affairs and shortly thereafter General Director of the MGH. A few months after his appointment, in July 1962, I became Director of McLean Hospital. During these past ten years we have shared many trials and tribulations as well as many successes. I have appreciated his friendship, his support, his encouragement and his advice. He recognized early that geographical separation, the special mission of McLean, and its rather unique complexities dictated that the McLean administration have full authority and autonomy under the Board of Trustees to conduct the hospital's operation. Yet this recognition never prevented him from lending his powerful support to the hospital and its Director on a number of occasions when it made a difference to the resolution of the issues at hand. He leaves with our best wishes and we shall watch his future career with interest and excitement and appreciation for having known him. But we shall, also, miss him both personally and institutionally.

Many of the accomplishments of the past year are the culmination of years of effort and particularly the result of the groundwork which was laid in previous years. The reactivation of the *ad hoc* Committee to select a new Psychiatrist-in-Chief, the groundbreaking for the Hall-Mercer Building of the Children's Center, and the consultation from the Harvard Laboratory of Community Psychiatry are all indications of the understanding on the part of the Trustees, and

particularly Mr. Putnam, as Chairman of the McLean Committee, of the hospital's needs. I am most grateful to them and to him for their vision, their statesmanship, their support and their encouragement.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Administrator

The conservative approach used in the preparation of the 1971 budget at an average daily census of 200 and the net budgeting deficit of $46,253 resulted in the actual net surplus of $260,913 at the average inpatient daily census of 213. The surplus was applied against last year's deficit of $198,562 and the cumulative 1970 Treasurer's general fund deficit for the McLean Hospital of $2,105,728. Net operating income increased 11.6 percent over last year while expenses increased 5.5 percent. Deductions from income represented 6.7 percent of total patient income as compared with 6.3 percent last year. Salary and wages represented 73.8 percent of total expenses as compared with 74.4 percent last year.

Of the 423 patients admitted last year 377 (89 percent) were covered by third party hospitalization insurance including 16.2 percent from Medicare. The insurance recovery of $2,552,615 represented 31.2 percent of net patient billing as compared with 26.2 percent last year. The gross increase recovery was 56 percent higher than last year. The average recovery per insurance admission increased 39 percent from $4,800 to $6,700 representing approximately 66 days of inpatient care. Net accounts receivable less current billing of $1,848,175 was an increase of 28.3 percent over last year and 107 percent over a two-year period. This increase represents both continuing difficulty of patients financing hospital charges out of income and the delays in third party reimbursements.

McLean Hospital signed a cooperative agreement with Massachusetts Blue Cross effective August 1, under which Blue Cross reimburses the hospital allowable cost for services provided to Blue Cross subscribers holding Master Medical and PIC contracts. In the past the hospital has been reimbursed at full charges for providing services to these Blue Cross subscribers. In 1971 the hospital received $857,106 from Massachusetts Blue Cross for subscriber services. It is anticipated that the 1972 Blue Cross allowance will be $57,000 which represents the difference between charges and allowable costs. As payments for hospital services become increasingly related to allowable costs it becomes more difficult to finance below cost community programs, such as the Outpatient Clinic, out of patient charges.

The increase in the number of admissions, insurance volume, the demands by third parties and governmental agencies for cost analyses reports and detailed documentation of hospital cost and charge data

has resulted in the addition of a full-time accountant and a part-time machine operator. Additional positions required during the next fiscal year will be a clerk typist to process insurance claims and a senior accountant to assume responsibility for cost and budget analyses.

During the year $349,696 was expended for capital improvements, including $52,033 for major movable equipment. Of these total expenditures, $18,430 represented expenses in past years' projects. Major projects undertaken during the year included relocation of the Public Relations Department to Higginson House, replacement of the greenhouse, expansion of North Belknap I from 18 to 24 beds, renovation and refurbishing of North Belknap II, remodeling of Service Building II North Wing for Social Work Department expansion, conversion of the heating system in the Administration Building from hot air to hot water, replacement of the boilers in Upham House and the Garage, expansion of the south parking area, construction of the Maintenance Department locker facilities, upgrading of the lighting in South Belknap I and II, and renovation of the educational facilities in Higginson House. The essential minimal upgrading of all patient units has continued based on specific conditions on each unit. The planned systematic upgrading of all patient units including decor, furnishing, lighting, bathroom facilities, nursing stations, and service and medical areas, which began on Proctor House I and II two years ago is continuing on North Belknap II, the Admission Unit. It was economically unrealistic to close North Belknap II during the remodeling period since it is anticipated that the project will take over two years. For the first time in recent years all the interior remodeling renovation work was performed by trades' personnel from within the Department of Plant and Operations. The planning and construction work including supervision and liaison consumed approximately 40 percent of departmental time.

The department processed 4,846 requisitions, an increase of 3 percent over last year. A formal Electro-Mechanical Preventive Maintenance Program has been implemented including pumps, boilers, fans, compressors, and other miscellaneous equipment. Consolidation of the grounds, mason, and labor pool into the public works division has worked out most advantageously, particularly in the area of manpower flexibility. Because of the increasing amount of renovation work undertaken by the department the positions eliminated in last year's budget were reinstated during the past year. The paint shop was kept extremely busy during the year in both the interior and exterior parts of the hospital. It is anticipated

that the use of large colorful bulletin boards in all areas of patient units will significantly reduce the cost of interior repainting especially in those units that house adolescent patients. Consumption of electrical energy increased 46 percent over the past fiscal year primarily as the result of additional air conditioning units and the upgrading of light throughout the plant. Heating costs increased approximately 85 percent due to the use of low sulphur fuel. A smoke detector was installed in the power house chimney as required by anti-pollution regulations. Water cost increased 32.3 percent although consumption remained stable. As part of the continuing program to upgrade hospital facilities, three vehicles were replaced during the year, including a station wagon for security, a pick-up truck for the Plant and Operations Department, and a 15-passenger maxi-van which replaced the hospital bus.

The Dietary Department continued to move forward with several new programs geared towards better patient food service. The most significant of these programs was the beginning of the use of a selective menu for patients which was initiated on Codman House II and later expanded to the Geriatric Service, Proctor House I and II. The program has met with the hearty approval of both patients and staff. It has considerably reduced food waste on the halls without increasing overall food cost. Geriatric feeding has been difficult to resolve over the years and it is hoped that the selective menu program will help to relieve most of the difficulty. Extensive research has been undertaken in order to determine the best type of transportation for food service to patient areas and further expansion in the use of the selective menu will require improved transportation capabilities. The overall management of the Coffee Shop has been assumed by the Dietary Department. The study of the Coffee Shop design, personnel complement, and food service is underway in order to improve food service and reduce cost. A preventive maintenance program was started in the department and is supplemented with a comprehensive equipment file. The department continued to work on the development of the procedures manual, revision of job descriptions, development of more efficient work schedules, and on-the-job training programs. A sanitation and safety seminar was held in the department which included a representative from the Belmont Board of Health. A program of equipment upgrading will get underway next year with the replacement of the compartment steam cooker. The conversion of equipment from gas to electricity is being evaluated since the ranges, ovens, grills, friolators, and broilers should be replaced in the near future. Administration of expanded dietary programs can no longer be absorbed by the Director of the Depart-

ment. It is planned to employ an additional professional dietitian next year to provide both administrative and clinical support.

The reorganization of the Building Service Department completed last year has provided the managerial depth to meet departmental goals effectively. All employees have been trained in proper procedures and standards. An inventory control system was developed which has reduced supply costs by 10 percent. Proper maintenance has prolonged the life of cleaning equipment and has reduced repair costs. The planned relocation of the department has not been accomplished because of more pressing priorities but should be undertaken next year.

The Laundry has had a busy year production-wise as a result of a higher patient census. The position of one part-time seamstress was deleted because of the high use of Thermo-Patch equipment. The department manufactured 192 pairs of drapes at an average cost of $17 per pair; handled about 500 pieces of dry cleaning; and mailed an increasing volume of patient belongings. The use of an improved synthetic drapery material and self-pleating tape has made it possible for the department to launder drapes at a 75 percent reduction in cleaning cost.

In February the hospital agreed in principle to implement the Problem Oriented Record. The medical record was reorganized to better lend itself to this type of record keeping. The data base became effective July 1. The staff found much difficulty in adapting to the new system and proposed changes are presently being formulated. The Utilization Review Plan was revised and updated as recommended by the Department of Public Health and the clinical review requirements of the revised Mental Health Law. The Medical Records Department has been able to adapt to changing requirements and an increased census without additional personnel. However, additional personnel may be required in the legal and statistical areas. Further changes in the hospital record may also require additional personnel. The position of research assistant was transferred from the Social Science Department to the Medical Records Department. This position will be used primarily in the area of sample studies and special studies to meet Utilization Review requirements. Meetings have been held with representatives of the Cambridge Computer Associates in order to provide the hospital with more meaningful and timely patient statistical and clinical data which is in computer storage.

On October 1, the minimum wage was raised from $2.10 to $2.30 per hour and all salary ranges were upgraded. Range adjustments averaged 7 percent. The Personnel Department has continued the

systematic audit of positions and job descriptions with several departments completely reviewed and job descriptions revised. Minor modifications have been introduced into the Performance Appraisal Program for personnel on the weekly payroll. Guidelines for performance evaluation for monthly salary personnel have been developed and implemented for the Social Work and Nursing Departments. The Performance Appraisal Program for all personnel under the Salary and Wage Administration Program should be fully implemented next year. The operational relationship between performance appraisal and merit review salary increases as well as the development of standardized criteria for merit increases that could be applied to all departments is currently under analysis. During the year 306 personnel were employed compared with 387 last year. The employee turnover rate has remained low at an average of 2.7 terminations per month per 100 employees as compared with 2.9 last year and 4.5 among manufacturing employees in Massachusetts. Agency and advertisement recruiting cost decreased from $72 to $67 per employee hired. Placement agencies have been used only when there was a critical need to fill the positions and other recruitment sources proved unsuccessful. As a general rule vacancies were filled on a timely basis. As the result of the high cost and limited effectiveness of temporary personnel agencies, a cadre of part-time secretaries and clerk typists was recruited to work on an on-call basis to meet temporary day-by-day clerical needs. The development of this program has reduced direct clerical expenses by $8,000 and has greatly improved productivity.

Recruitment efforts aimed specifically at minority groups have continued. These efforts have included meeting with representatives of the black and immigrant communities, periodic advertisements in the major black newspaper in Boston, bi-weekly mailings of job information to approximately 30 key resource persons and encouragement of minority group employees to refer relatives and friends. These efforts resulted in the employment of 18 persons of minority races as defined by the Department of Labor, which was 5.9 percent of all personnel employed. The half-time position of Training Coordinator will be increased to full-time next year in order to expand staff capabilities in the areas of equal employment opportunity and minority group employment.

In the area of employee benefits, 200 units of blood were collected during the Annual Blood Donor Drive. This level of giving was sufficient for the Massachusetts General Hospital Blood Bank to assure blood to all eligible employees and their families in the event

of need. On May 1, the sick leave policy was liberalized to provide for paid absences for non-routine medical appointments as well as for personal illness. On June 1, the vacation policy was improved by reducing the time span for maximum vacation credits from 25 to 20 years, and by increasing over that time period the maximum vacation allowance for all employee groups by one week. On July 1, Social Security Tax payments were no longer deducted from hospital contributions from members of the medical staff participating in the Harvard Retirement Plan. On August 1, the Long Term Disability Insurance Program benefit limit was increased to reflect income replacement for employees at the higher salary levels. In addition the hospital began to participate in sharing insurance premiums for this program ranging from 43 percent for employees at the lower salary levels and 8 percent at the higher salary levels. An employee discount program was established in collaboration with the Purchasing Department. A reference file is maintained in the Personnel Department regarding vendors who have offered discounts on services and merchandise to employees. This program has been well received and used consistently by personnel.

A number of employees have raised the question of the hospital establishing a credit union and a formal suggestion plan. Both these ideas are being evaluated at this time. In September the hospital was informed by Massachusetts Blue Cross of an average 44 percent increase in premium rates for the employee group plan. The impact of this increase fell primarily on the family wage earner whose premium increased $170 per year after adjusting for the increase in the hospital share of the premium of $42 per year. Because of the impact of hospital insurance premium cost on employee wages and the essential matter of insurance protection, a thorough review of this program has been completed. Recommendations for changes in the hospital contribution to insurance premiums will be included in next year's budget and different benefit options will be offered to employees.

On May 12, 53 employees representing 540 years of service were honored at the annual Service Award Ceremony. Mary Fuller, R.N., Anna Merritte, R.N., and Willa Pasho were honored for 30 years of service; John Pitcherale, R.N., and John Wentworth, R.N., for 20 years of service. Ten employees were honored for 15 years of service, 12 employees for 10 years of service, and 26 employees for 5 years of service. Upon recommendation from the Director of Volunteers, the combined Employee and Volunteer Service Award Ceremony was discontinued. Ten employees retired during the year and six

pensioners have passed away, increasing the number of pensioners to 94. The retirees include Catherine Tierney, 20 years of service; Walter Hoff, 17 years; Alexina Bellis, 15 years; Margaret Tenny, 13 years; Martha Heavey, 13 years; Nina Bartlett, 12 years; Cassie Crowell, 11 years; Mary Wade, 9 years; William Krasnoff, 5 years; Theodore Burk, 5 years.

The fiscal year ended in a state of uncertainty as a result of the 90-day wage and price freeze, which became effective on August 15. Because of the high patient census, the hospital's financial position is basically sound. The 1972 budget will be a continuation of the 1971 budget, at least until post-freeze policies are developed. Even at a higher patient census there is no doubt that a rate increase will be required at that time unless there is a limited cutback in hospital services. If permitted, the hospital plans to continue the implementation of the Wage and Salary Administration Program both in terms of annual range increments as well as minimal range changes averaging 2.75 percent to meet market conditions. The Blue Cross contractual allowance will reduce patient income by approximately $57,000. Increases and other expenses under which the hospital has limited or no control amount to $333,000, approximately $4 per patient per day. Because of the statutory rate increase of 5.2 percent to $9,000 effective January 1, 1972, it is anticipated that Social Security expenses will increase $28,000.

The Employee Pension Plan was established in 1955. Effective October 1, 1971, the hospital will be required to fund this plan at an additional cost of $120,000. Past liability is to be funded over a 20-year period. Increased benefits provided under the Harvard Retirement Plan will cost an additional $7,100. The cost of the Long Term Disability Insurance Program is estimated at $2,500. The hospital share of the Blue Cross insurance premium mentioned earlier amounted to $55,500. In addition, because of the need to become more competitive in this area following the wage and price freeze, the recommendations are to increase the hospital's contribution to 50 percent of family membership, and to 65 percent of single membership for eligible employees at a cost of $50,000. Effective January 1, 1972, the hospital will be subject to the Unemployment Compensation Law. The amount of $55,400 will be budgeted from January 1, 1972, through the remainder of the fiscal year. Interest expenses of $25,000 will be included in the 1972 budget. This is a sum the hospital is charged from the Treasurer's office for cash required by the hospital to meet current financial obligations.

This report has summarized the activities of the administrative and non-clinical departments during the past year. The hospital continues to have a sound financial basis from which to operate. Cash flow problems which are a result of overdue accounts receivable are being met by including interest expense as a reimbursable hospital cost. The reserve for depreciation is adequate to meet the day by day capital needs of the hospital. The hospital has minimal manpower problems both in terms of recruiting and retaining qualified employees. The recent trend towards short-term hospitalization and the broadening of insurance coverage which makes it possible for more people to afford quality psychiatric care has increased during the past year. However, financing the uninsured portion of mental illness is a major problem for many patients and families and requires a variety of treatment modalities to provide effective care at less cost than inpatient hospitalization. The dialogue which began during contract negotiations between both Massachusetts Blue Cross and the psychiatric hospitals that signed the Cooperative Hospital Agreement has continued both in terms of educating Blue Cross to the treatment programs offered by psychiatric hospitals, and exploring the feasibility of expanding psychiatric insurance benefits to include partial hospitalization programs at less cost to the insurer and greater benefit to the patient.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of the Director of Clinical Psychiatry

Mental hospitals, as do many of our institutions, waver in their solutions to problems between totalistic, simplistic, and politically expedient approaches on the one hand and humanistic, democratic, and more complex approaches on the other hand. During the past year McLean Hospital has continued to move quietly in the latter direction as demonstrated by two major trends. First, it is apparent that staff and patients have increasingly rejected the concept of the mental hospital as an asylum in which clinical decisions are made by superiors who are the most remote from the patients. On the assumption that the patients know a great deal about each other they now take more mutual responsibility for each other's care and treatment. Secondly, the clinical staff has been more aware and responsive to the needs of the larger community, has developed methods for shortening the duration of hospitalization and in many cases has prevented its occurrence.

These trends have necessitated increased sophistication in more rapid methods of evaluation and brief treatment. One result of this has been the refinement of criteria for the selection of patients who can achieve permanent characterological change and immunity from mental illness through intensive long-term treatment.

In all clinical departments there has been a growing emphasis on the development of a wider range of skills by all staff members. The conventional and rigid professional roles of psychiatrist, psychologist, social worker, activity therapist, psychiatric nurse, and aide have been blurred to emphasize the therapeutic contribution which each individual can bring to the treatment unit. Of particular importance in this movement has been the increased involvement of the patient in taking responsibility for his own treatment program as well as the programs of other patients. While as yet not reaching its maximum potential, such emphasis on self-help is but one example of the effectiveness of our inservice training programs to teach clinical staff techniques for shaping group processes on the units and in our aftercare and community services.

All units and in particular the Admission and Brief Treatment Unit have developed their own techniques for maximizing the effectiveness of the individual's contribution to the welfare of others on the unit. The traditional "town-meeting-type" group and the small "milieu" group continue to function effectively in maintaining a high morale among both patients and staff on each treatment unit. With

rare exceptions these new approaches along with active psychotherapy and the use of psychotropic drugs have successfully minimized duration of hospitalization and mitigated against the dry-rot of chronicity.

It is common knowledge that functional, emotional, and mental disorders develop as a result of environmental stresses in the community and in the family "even unto" the Biblical third generation. Our society, including McLean Hospital, has only begun to develop methods for alleviating such errors of fate within the family. Family therapy as it is practiced today is frequently successful, notwithstanding, however, the incapacity of the healing arts to prevent totally and cure mutual psychological destructiveness. We have increased our efforts and capacities to involve the family in the patient's treatment program. To do otherwise usually reduces the chances of recovery for that family member who has been defined as "the patient". We are clear that family members who can work with the staff and with the patient achieve a better understanding of the feelings and thinking of all concerned and contribute to more prompt recovery.

David Browne, M.D., the psychiatrist in charge of our geropsychiatry unit, has continued to exercise a leadership role in providing pre-hospitalization and aftercare consultative services in home and nursing home situations. Thus, an elderly person with mental difficulties may be treated where he is living by his own physician in consultation with a specialist. If hospitalization is indicated the patient will receive individually-oriented, psychodynamic treatment along with the necessary chemotherapy, and full attention will be given to physical ailments that need to be corrected. In a matter of a few weeks most patients recover sufficiently to return to their home or nursing home. Psychiatric nurses from the unit are available for home visits and consultations with the nursing home staff. We are now convinced that the prognosis for marked improvement is very good in this age group. It may well be that in the future the majority of our efforts will be in the community rather than directly in the inpatient service.

During the past year, the Day Care Center, directed by Stephen L. Washburn, M.D., has demonstrated that many patients requiring hospitalization can be effectively and more economically treated by partial hospitalization. The results have been sufficiently convincing to justify expansion of this facility in the future.

The significant reduction in the average length of stay in the hospital indicated in the section on statistics has been facilitated by a

number of factors including those techniques mentioned previously. Of particular importance has been the Discharge Planning Service, coordinated by Bernard S. Yudowitz, M.D. In consultation with the clinical staff of treatment units he has assisted in developing more sophisticated and thorough discharge planning. Such planning usually starts upon the patient's admission to the hospital. To facilitate reentry into the community, treatment units now use the "transition" group system which permits patients about to leave the hospital to discuss problems of living outside with those who have been recently discharged.

Closely allied with the discharge planning has been the development by Dr. Yudowitz under the auspices of the Outpatient Clinic of a new program known as the Adolescent Day Program. This program provides psychiatric treatment and continued education at the Arlington High School for patients who do not need to be in the hospital. Some of these students are living in the community after discharge from the hospital while others come directly from the community without having been hospitalized.

The Outpatient Clinic, under the direction of Phillip Isenberg, M.D., continues to be a major source of community service in the Boston area. The Clinic provides a wide variety of services for individuals and families throughout the Boston area. About 500 people are receiving treatment at any given time. This is achieved without maintaining a waiting list, so that patients needing help are seen very rapidly. The Outpatient Clinic is also a major training center in the Boston area for a variety of disciplines including resident psychiatrists, psychology interns, medical students, graduate nurses, group social workers, clergy, volunteers, and other people concerned with troubled human beings in the community.

Another example of McLean's outreach programs into the community is the expansion of the consultative service, directed by Maurice Vanderpol, M.D., to the school systems of several communities in the Boston area. This program is part of the two years of concentrated training in adolescent psychiatry for psychiatrists and psychologists. The Massachusetts State Division of Special Education sponsored the establishment at McLean Hospital of the Training Institutes for the education and comprehensive care of emotionally handicapped children and youth. Helen J. Kenney, Ed.D., Associate Psychologist, is the Director, and Dr. Vanderpol, along with John F. Dunn, M.A., Headmaster, Arlington School, are Co-Directors. During the academic year, 1970-1971, a series of short-term and long-term training units or modules were conducted covering a variety of topics

concerning the education and comprehensive care of emotionally disturbed children and youth. The Training Institutes supplement and extend existing programs available in universities and colleges by focusing on the practical application of multi-disciplinary based theory and research.

Under the vigorous and imaginative leadership of Harvey M. Shein, M.D., Director of Resident Education, there has been an expansion of the Residency Training Program in Psychiatry at McLean Hospital. Not only has there been an increased number of seminars and training experiences offered to the Resident Psychiatrists in all three years of their training, but also there has been an increased number of Resident Psychiatrists. The number of first-year Resident Psychiatrists accepted this year has been increased from ten to eleven and there will be an increase in the number of third-year Resident Psychiatrists who remain in ensuing years.

The Department of Psychology under the direction of Irene P. Stiver, Ph.D., has continued its excellent training program. This program includes a pre-doctoral training program under the direction of Robert D. Schnitzer, Ph.D. Postdoctoral fellows are accepted into the community-oriented Adolescent Training Program previously referred to. Of particular interest is the fact that the Department of Psychology has actively involved itself in the evaluation and treatment of newly admitted patients, providing the hospital staff with increased capacity to do short-term evaluation and treatment. They continue to supervise resident psychiatrists, psychiatric nurses, and social worker students and to assume active research responsibilities at McLean Hospital.

The Department of Social Work under Golda M. Edinburg, M.S. in S.S., has been most innovative in developing techniques for the short-term evaluation and treatment of patients and families. Of particular importance is the development of a separate Preadmissions Service which has enhanced its thoughtful and intensive consideration given to people requesting treatment. At this initial contact we emphasize the crucial importance of the family being involved in the treatment program, thus contributing to the quality of care provided by McLean Hospital. During the past year those social workers who had not previously received training in group processes were provided with such training. This experience expands the social worker's usefulness to the patients and the patients' families. In addition, it helps decrease the cost of psychiatric care.

Prior to accepting a full-time teaching position at a local university this fall, James A. Garland, M.S. in S.S., who had been the Director

of Activity Therapies Department decentralized the Department so that activity therapists could be based primarily on the treatment units. This has had a most salutary effect upon the development of the team approach, which teams, of course, include the patients as well as the staff. Frances Palmer, B.S., O.T.R., has been most responsible in assuming Mr. Garland's functions and has coordinated the program with the assistance of Jane A. Schoonmaker, M.S., who is Supervisor of Recreational and Music Therapy. It is to be noted that activity programs are no longer rooted in the concept of arts and crafts, but are rather directed toward placing the responsibility upon the patients for such skills as the budgeting of money, meal planning, home maintenance, and the development of vocational skills where indicated. These efforts are increasingly oriented on a group basis.

Mildred C. Makin, R.N., B.S. in Nursing Ed., Ed.M., Director of the Department of Nursing, has continued her dynamic leadership and forward-looking training and re-training of psychiatric nursing personnel in the hospital. The coordination of psychiatric nurses and aides with activity therapists, physicians, and the patients on the halls has had a marked effect on reducing feelings of isolation and frustration among all concerned. She has actively worked toward developing nursing services in the community through followup visits to discharged patients. In addition, a large number of psychiatric nurses and aides have received training in group processes. Outcome studies of these post-trainees have demonstrated an improvement in their attitudes and ability to deal with hall problems as compared to those not receiving such training. The Department of Nursing has become one of the major training centers for graduate nurses in the area, and increasingly provides training for students from several nearby colleges.

The past year unfortunately has seen the demise of the Social Science Department with the decrease of governmental support in this area. The work of this Department will be supplemented in part by the hiring of skilled individuals to solve particular problems as they arise in research or in the development of our assessment of patient care within the hospital.

Lloyd G. Potter, M.D., Coordinator of Medical Services, has provided excellent medical care to our patients and has improved the services rendered by the Clinical Laboratory, the Department of Radiology, and the Medical Clinic.

It is of great portent for the future that Francis de Marneffe, M.D., Director, contracted with the Laboratory of Community Psychiatry for a study of the organization of McLean's delivery of mental health

services. While not completed in the fiscal year of 1971, this study has generated many constructive discussions at all levels in the hospital. These discussions have already resulted in an expanded awareness of McLean Hospital's responsibility to the community to provide treatment to a broader socio-economic sector. Perhaps of equal importance is the hospital's potential role in preventing mental illness through more active involvement in school systems, colleges, courts, prisons, and other community institutions. McLean Hospital has and will continue to meet the needs for changes in service, training, and research.

STANLEY H. ELDRED, M.D.
Director of Clinical Psychiatry

Report of Hospital Population and Statistics

The recent six-year trend in the gradual reduction in the average daily census has been reversed with a slight increase in the census of from 211 to 213 inpatients. The 423 admissions was a 10 percent increase over last year and 34 percent over a two-year period. The admission rate was the highest in the hospital's recent history and 9.5 percent higher than the 386 patients admitted in 1963. The rise in admissions can be attributed to many factors; the most significant seem to be an increase in focus of short-term hospitalization, greater availability of insurance for mental illness, and the continuing recognition of McLean Hospital as a comprehensive psychiatric treatment center for all types of mental illness.

The greatest increase in patients admitted were patients admitted for the first time to McLean Hospital, the increase being reflected both in absolute numbers from 122 to 177 and in percentage from 31 percent to 42 percent. Forty percent were patients admitted to a mental hospital for the first time compared to 49 percent last year. While both more males and females were admitted this year than last year, the percentage in male admissions increased by 3 percent while those of female admissions decreased by a similar percentage. There was a marked increase of male admissions from 162 to 196 and a slight increase in female admissions from 221 to 227.

There were also some changes in the age distribution of patients admitted. Patients under 20 increased from 30 percent to 35 percent; the 21 to 30 age group remained approximately the same; patients between 31 and 40 years decreased from 14 percent to 10 percent; and patients between 41 and 50 years decreased from 13 percent to 9 percent. Patients 71 years and older increased from 6 percent to 9 percent.

There was some change in the diagnostic profile of admissions. The trend towards an increasing number of schizophrenic patients admitted mentioned in last year's report was reversed; schizophrenic admissions represented 42 percent of admissions compared to 52 percent last year. The other major shift represented was patients diagnosed as personality disorders who increased from 15 percent to 25 percent. There was a 3 percent reduction in patients admitted with psychotic and non-psychotic brain syndromes, a 2 percent reduction in patients admitted with major affective disorders, a 3 percent increase in patients admitted with neuroses, and a 3 percent decrease in patients admitted with other psychoses.

Obviously admissions are dependent on inquiries. The number of inquiries over the past year increased 29.5 percent from 1159 to 1502. However, the rate of admission to inquiry decreased from 33 percent to 28.7 percent.

The number of patients discharged during the past year increased 13.7 percent from 357 to 406 as would be expected from the corresponding increase in patients admitted. Fifty percent of the patients returned home after discharge compared to 52 percent last year, while 11 percent were discharged to other hospitals compared to 5 percent last year. The percentage discharge distribution to other destinations was somewhat similar to last year with the exception that 2 percent of the patients were discharged to the hospital's newly opened halfway house in Boston.

The greatest percentage (32 percent) of patients was discharged as moderately improved. The recovered, much improved, and moderately improved categories of patients represented 56 percent of discharged patients compared to 54 percent last year; 21 percent were slightly improved; 19 percent were unimproved or worse; and 3 percent were deceased. Seventy-seven percent of the patients discharged showed at least some improvement on discharge as compared to 78 percent last year. Even though this percentage was one point less than last year, due to the increased number of admissions and discharges it represented 40 more patients than last year.

The length of hospitalization in residence deviated somewhat from last year. Twenty percent of the patients were in residence 30 days or less compared to 18 percent last year, while 57 percent remained in the hospital 90 days or less compared to 52 percent last year. The increased number of admissions did not significantly affect the discharge disposition of patients; however, on a percentage basis, fewer patients remained in the hospital ten days or less (from 8 percent to 6 percent); more patients remained from 11 to 90 days (44 percent to 51 percent); and fewer patients remained longer than 90 days (from 48 percent to 43 percent).

In summary, in comparing the population statistics with those of last year, the following changes are noted: There was an increase in inquiries, admissions, and discharges over last year. There was a reduction in patients admitted from home and general hospitals and an increase in patients admitted from other psychiatric hospitals. There was a reduction in the number of patients admitted to a psychiatric hospital for the first time and patients readmitted to McLean Hospital, and an increase in first admissions to McLean Hospital. There was an increase in male admissions and a decrease in

female admissions. There was an increase in patients admitted in the 12 to 30 age group and the group 71 and older; and a decrease in the other age groups. Schizophrenia and personality disorders continue to represent the largest number of admissions. However, there was a significant decrease in patients admitted with schizophrenia, and a corresponding increase in patients admitted with personality disorders.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

TABLE I – ADMISSIONS, 1970-1971
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A: SOURCE	*1st to Any* M	F	T	%	*1st to McLean* M	F	T	%	*Readm. to McLean* M	F	T	%	*Total Admissions* M	F	T	%
Home	65	61	126	73	20	45	65	37	21	26	47	63	106	132	238	56
General Hospital	8	13	21	13	6	10	16	9	2	5	7	9	16	28	44	11
Psychiatric Hospital	0	0	0	0	42	35	77	43	–	5	5	7	42	40	82	19
Other and Not Determined	12	12	24	14	12	7	19	11	8	8	16	21	32	27	59	14
Total	85	86	171	100	80	97	177	100	31	44	75	100	196	227	423	100
SCHEDULE B: DIAGNOSIS																
Psychoses Associated with Organic Brain Syndromes	9	11	20	12	4	2	6	3	1	1	2	3	14	14	28	7
Non-psychotic Organic Brain Syndromes	6	2	8	5	–	1	1	–	–	2	2	3	6	5	11	3
Mental Retardation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Schizophrenia	34	26	60	35	43	45	88	50	15	16	31	41	92	87	179	42
Major Affective Disorders	1	–	1	0	5	3	8	5	–	4	4	5	6	7	13	3
Paranoid States	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	–
Neuroses	5	9	14	8	4	7	11	6	2	2	4	5	11	18	29	7
Personality Disorders and Special Symptoms	21	20	41	24	16	24	40	23	11	13	24	32	48	57	105	25
Transient Situational Dist.	6	9	15	9	4	5	9	5	1	2	3	4	11	16	27	6
Other Psychoses	4	10	14	7	3	9	12	8	1	3	4	5	8	22	30	7
Total	86	87	173	100	79	96	175	100	31	44	75	100	196	227	423	100
SCHEDULE C: AGES																
12-20	35	40	75	43	30	31	61	35	7	4	11	15	72	75	147	35
21-30	22	11	33	19	26	25	51	29	14	12	26	35	62	48	110	26
31-40	9	9	18	10	4	10	14	8	4	7	11	15	17	26	43	10
41-50	1	7	8	5	9	12	21	12	2	7	9	12	12	26	38	9
51-60	2	3	5	3	1	10	11	6	–	5	5	7	3	18	21	5
61-70	6	6	12	7	3	5	8	4	3	2	5	7	12	13	25	6
71-80	5	5	10	6	3	3	6	3	1	5	6	7	9	13	22	5
81-and up	6	6	12	7	3	–	3	3	–	2	2	2	9	8	17	4
Total	86	87	173	100	79	96	175	100	31	44	75	100	196	227	423	100

McLEAN

TABLE II – PATIENT POPULATION 1971

CHARACTERISTIC		Beginning of Year October 1, 1970				Admitted During Year			
Total Number		In Hospital – 209 On Visit – 140				423			
SEX	Male	151		43%					
	Female	198		57%					
AGE		M	F	T	%	M	F	T	%
	12-20	66	58	124	36	72	75	147	35
	21-30	48	46	94	27	62	48	110	26
	31-40	17	28	45	13	17	26	43	10
	41-50	6	27	33	9	12	26	38	9
	51-60	5	14	19	6	3	18	21	5
	61-70	6	12	18	5	12	13	25	6
	71-80	1	10	11	3	9	13	22	5
	81-Up	2	3	5	1	9	8	17	4
	Total	151	198	349	100	196	227	423	100
DIAGNOSES									
Psychoses associated with Organic Brain Syndrome		0	5	5	1	14	14	28	7
Non-psychotic Organic Brain Syndrome		2	8	10	3	6	5	11	3
Mental Retardation		0	0	0	0	0	0	0	0
Schizophrenia		100	116	216	62	92	87	179	42
Major Affective Disorders		3	10	13	4	6	7	13	3
Paranoid States		1	4	5	1	0	1	1	0
Neuroses		5	5	10	3	11	18	29	7
Personality Disorders and Special Symptoms		22	20	42	12	48	57	105	25
Transient Situational Disturbances		11	16	27	8	11	16	27	6
Other Psychoses		7	14	21	6	8	22	30	7
Total		151	198	349	100	196	227	423	100

HOSPITAL

BY SELECTED CHARACTERISTICS

Discharged During Year	Remaining at End September 30, 1971	Change During Year
406	In Hospital – 207 On Visit – 159 366	–2 +19 +17

M	F	T	%	M	F	T	%	M	F	T
67	69	136	33	71	64	135	37	+ 5	+ 6	+11
59	47	106	26	51	47	98	27	+ 3	+ 1	+ 4
18	24	42	10	16	30	46	13	– 1	+ 2	+ 1
12	33	45	11	6	20	26	7	0	– 7	– 7
3	15	18	5	5	17	22	6	0	+ 3	+ 3
12	14	26	7	6	11	17	4	0	– 1	– 1
7	13	20	5	3	10	13	3	+ 2	0	+ 2
6	7	13	3	5	4	9	3	+ 3	+ 1	+ 4
184	222	406	100	163	203	366	100	+12	+ 5	+17
9	13	22	5	5	6	11	3	+ 5	+ 1	+ 6
6	5	11	3	2	8	10	3	0	0	0
0	0	0	0	0	0	0	0	0	0	0
93	99	192	47	99	104	203	55	– 1	–12	–13
4	10	14	3	5	7	12	4	+ 2	– 3	– 1
0	2	2	0	1	3	4	1	0	– 1	– 1
11	9	20	5	5	14	19	5	0	+ 9	+ 9
44	39	83	21	26	38	64	17	+ 4	+18	+22
8	20	28	7	14	12	26	7	+ 3	– 4	– 1
9	25	34	9	6	11	17	5	– 1	– 3	– 4
184	222	406	100	163	203	366	100	+12	+ 5	+17

TABLE III
DISCHARGES 1970-1971
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% Of Total
Home (Parental or Marital)	91	148	239	59
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	29	18	47	11
General Hospital or Nursing Home	7	17	24	6
School	5	5	10	3
Foster Home	0	1	1	0
Deceased	6	4	10	3
Own Apartment	28	21	49	12
Others	14	5	19	4
Half Way House	4	3	7	2
Total	184	222	406	100
CONDITION				
Recovered	4	7	11	3
Much Improved	31	57	88	21
Moderately Improved	60	69	129	32
Slightly Improved	50	39	89	21
Unimproved	31	42	73	18
Worse	1	3	4	1
Deceased	6	4	10	3
N. D.	1	0	1	1
Others	0	1	1	0
Total	184	222	406	100
LENGTH OF HOSPITALIZATION ON BOOKS				
1- 10 Days	8	12	20	5
11- 30 Days	27	16	43	11
31- 90 Days	52	63	115	28
91-180 Days	18	34	52	13
181-365 Days	31	32	63	15
1- 2 Years	26	39	65	16
2- 5 Years	19	20	39	10
5 and Over	3	6	9	2
Total	184	222	406	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
1- 10 Days	9	17	26	6
11- 30 Days	33	24	57	14
31- 90 Days	68	84	152	37
91-180 Days	17	41	58	15
181-365 Days	29	26	55	13
1- 2 Years	16	21	37	9
2- 5 Years	9	5	14	4
5 and Over	3	4	7	2
Total	184	222	406	100

McLean Hospital
STATEMENT OF DIRECTOR'S EQUITY
September 30, 1971

ASSETS

Cash		44,108.85
Accounts Receivable – Patients		
Current Month Billing	629,139.59	
In House Accounts Overdue	1,222,312.58	
Discharged Accounts	779,031.93	
Due From Medicare	34,121.33	
Outpatient Clinic	28,781.80	
Total	2,693,387.23	
Less Reserves for Doubtful Accounts	216,072.11	2,477,315.12
Accounts Receivable – Miscellaneous		19,571.69
Inventories – Materials and Supplies		100,244.86
Prepaid Items		3,146.08
TOTAL ASSETS		2,644,386.60

LIABILITIES

Accounts Payable	326,418.89	
Federal and State Taxes Payable	62,742.00	
Deferred Income – Special Funds	85,656.00	
Reserve for Workmen's Compensation	17,665.23	
Blue Cross/Blue Shield Premiums Payable	2,225.69	
Fiduciary Exchange Accounts	9,500.61	
TOTAL LIABILITIES		504,208.42

TREASURER'S EQUITY

Treasurer's Equity, September 30, 1970		1,894,899.57	
Add: Cash From Treasurer (Year to Date)		1,225,000.00	
Cumulative Depreciation (Year to Date)		319,800.71	
TOTAL		3,439,700.28	
Less: Operating Surplus or (Deficit)	196,552.66		
Disbursements-Special Funds (Year to Date)	(1,146,379.04)		
Disbursements-Capital Additions (Year to Date)	(349,695.72)	(1,299,522.10)	
Treasurer's Equity as of 9/30/71			2,140,178.18
TOTAL LIABILITIES AND TREASURER'S EQUITY			2,644,386.60

McLean Hospital
OPERATING STATEMENT

	Current Year *October 1, 1970 Sept. 30, 1971*	*Previous Year* *October 1, 1969 Sept. 30, 1970*
CENSUS		
Patient Days	77,795	77,144
Average Daily Census	213	211
Percent of Occupancy (Complement of 248 Beds)	86	82
INCOME		
Room and Care	6,771,947.46	6,223,118.96
Day Care and Night Care	535,813.00	423,852.00
Outpatient Clinic	205,344.00	218,931.50
Other Patient Income	1,254,682.42	949,519.33
Other Non-Patient Income	457,846.69	414,059.65
TOTAL OPERATING INCOME	9,225,633.57	8,229,481.44
DEDUCTIONS FROM INCOME		
Free Service-Inpatients	257,099.00	198,691.50
Free Service-Day and Night Care	13,359.00	15,446.00
Free Service-Outpatient Clinic	105,781.34	121,756.09
Medicare Allowance	36,136.29	24,470.86
Courtesy Allowance	9,504.00	11,444.92
Provision for Doubtful Accounts	165,162.00	120,132.48
TOTAL DEDUCTIONS FROM INCOME	587,041.63	491,941.85
NET OPERATING INCOME	8,638,591.94	7,737,539.59
EXPENSES		
Salaries and Wages (Nursing)	2,440,575.80	2,373,797.85
Salaries and Wages (Other)	3,788,353.24	3,573,706.47
Supplies	709,391.42	639,653.83
Outside Services	409,512.87	403,706.67
Depreciation	319,800.71	290,229.25
Other Expenses	774,405.24	730,867.73
TOTAL EXPENSES	8,442,039.28	8,011,961.80
OPERATING SURPLUS OR (DEFICIT)	196,552.66	(274,422.21)
OTHER INCOME		
Treasurer's Income	92,442.30	103,059.78
Less Treasurer's Expense	28,081.89	27,229.41
NET TREASURER'S INCOME	64,360.41	75,830.37
NET SURPLUS OR (DEFICIT)	260,913.07	(198,591.84)

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).
McLean Hospital is indicated by (McL).

The following abbreviations are used:

B.C.H. – Boston City Hospital, 818 Harrison Ave., Boston, Mass. 02118
B.H.H.C. – Bunker Hill Health Center, 73 High Street, Charlestown, Mass. 02129
B.I.H. – Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.L.I. – Boston Lying-In Hospital, 221 Longwood Ave., Boston, Mass. 02115
B.U.H. – Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.M.C. – Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H. – Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
H.M.S. – Harvard Medical School, 25 Shattuck Street, Boston, Mass. 02115
H.S.D.M. – Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass. 02115
H.S.P.H. – Harvard School of Public Health, 55 Shattuck Street, Boston, Mass. 02115
L.S.H. – Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL. – McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I. – Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H. – Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T. – Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C. – Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.C.H. – New England Center Hospital, 171 Harrison Avenue, Boston, Mass. 02111
N.E.D.H. – New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H. – Peter Bent Brigham Hospital, 721 Huntington Avenue, Brookline, Mass. 02115
R.B.B.H. – Robert Breck Brigham Hospital, 125 Parker Hill Avenue, Roxbury, Mass. 02120
R.F. – Retina Foundation, 20 Staniford Street, Boston, Mass. 02114
S.B.I. – Shriners Burns Institute, 41 Blossom Street, Boston, Mass. 02114
V.A.H. (W.R.) – Veterans Administration Hospital, 1400 V.F.W. Parkway, West Roxbury, Mass. 02132

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Bethesda
Atkinson, John P.
Becker, Karl E., Jr.
Bilheimer, David W.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Brown, Michael S.
Burdick, James F.
Burke, Robert E.
Canellos, George P.
Chase, Thomas N.
Collins, Robert C.
Crystal, Ronald G.
Dale, David C.
Davis, John M.
Deuel, Thomas F.
Dinarello, Charles A.
Ein, Daniel
Gaffney, Thomas E.
Gelb, Lawrence D.
Gelehrter, Thomas D.
Ginsberg, Myron D.
Glass, Andrew C.
Globus, George G.
Gotto, Antonio M., Jr.
Grave, Gilman D.
Guss, Stephen B.
Hadler, Nortin M.
Harrison, Michael R.
Harting, Donald

Herberman, Ronald B.
Herzberg, Joseph H.
Hueter, David
Khoury, George
Kumpe, David A.
Langer, Terry
Laster, Leonard
Levine, Frederick H.
Levis, William R.
Levy, Ronald
Lew, Michael A.
Marx, Stephen J.
Matta, Raymond J.
Meltzer, Monte S.
Minna, John D.
Mudd, S. Harvey
Nigra, Thomas P.
Pollard, Thomas D.
Post, Robert M.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Rottenberg, David A.
Sachs, David H.
Sarnoff, Stanley J.
Scolnick, Edward M.
Simon, Harvey B.
Smith, R. Graham
Stossel, Thomas P.
Strauss, John S.
Strober, Samuel
Thibault, George E.
Waldman, Thomas A.
Weiss, Ira W.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Bernstein, Stephen B.
Clapp, Stewart
Gray, Sheila H.
Varney, Hewitt I.

Easton
Harper, David T.

Kensington
Cohen, Alfred M.

Owings Mills
Green, D. Crosby, Jr.

Rockville
Agus, Saul G.
Cohen, Benjamin E.
Gross, James B.
Leventhal, Brigid G.
Leventhal, Carl M.
Mirkin, Gabriel B.
O'Machi, Rodney S.
Salisbury, Kent W.
Sheagren, John N.

Silver Spring
Waldman, Katherine S.

Takoma Park
McGill, Raymond J., Jr.

Towson
Adams, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Agawam
Kopriva, Charles J.

Andover
Buchanan, Robert N., Jr.
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.
Scott, Richard D.

Bedford
Clifford, M. Henry
Lewis, Emory O.

Belmont
Aub, Joseph C.
Churchill, Edward D.
Collins, Mary H.
Craven, M. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneff, Francis, L.A.
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
French, Perrin L.
Gonzales, Francisco
Greenberg, Ramon M.
Griffith, David D.
Groome, Barbara A.
Hauser, George P.
Hermann, Howard T.
Hess, Helen H.
Hildebrand, Zonda, J.M.
Holzman, Todd F.
Hopps, Christopher R.
Hudson, Carlos
Humenansky, Diane B.
Hurston, Ronald O.
Ingle, David J.
Jakab, Krene
Jick, Hershel
Julian, Brigitte M.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kelleher, Philip
Kenney, Helen J.
Kershaw, Beatrice R.
Kerzner, Arnold M.
Lees, Marjorie B.
Levine, Matthew E.
Linscheer, Willem
Longabaugh, Richard H.
Lorenz, Maria
Mahar, Brandan A.
Marks, Alan N.
Mathews, J. Wayne
Menzin, Aaron W.
Meshorer, Edward
Middleton, Charles R.
Miller, Martin A.
Millstein, Philip L.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Mols, John M.
Mondale, Jason E.
Nahor, Amos
Pearce, John K., Jr.
Perry, Jalna Ann
Pope, Alfred
Potter, Lloyd G.
Price, Lloyd F.
Proner, Barry D.
Reinhardt, Scott A.
Robbins, Michael D.
Robinson, Phelps M.
Ruzumna, Lawrence
Salomon, Lucy
Sampson, Patsy H.
Schnitzer, Robert D.
Schwartzreich, Edward S.
Semon, Ralph G.

Sens, Richard B.
Shein, Harvey M.
Sheinis, Arnold
Sherman, Gwendolyn M.
Sidman, Richard L.
Simon, Franklin S.
Slone, Dennis
Snider, Marvin
Sperber, Michael A.
Spillane, John B.
Stambler, Morris
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene P.
Stoffyn, Pierre J.
Stone, Alan A.
Stone, Lawrence A.
Strasburger, Larry H.
Suescum, Alfredo
Torop, Paul
Walter, Mark M., Jr.
Washburn, Stephen L.
Weinstock, Robert
Wermer, Olga S.
Whikehart, David R.
Williams, Harold W., Jr.
Zaidenberg, Martha H.

Beverly

Alt, Richard E.
Fienberg, Robert
Hewson, James S.
Lamkins, Burham E.
MacDonald, Alexander S., Jr.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.
Todd, Barnard P.

Boston

Abbott, John A.
Abbott, William M.
Abel, Ronald M.
Aber, Robert C.
Abernethy, Robert S.
Abraham, Henry D.
Abrahams, Saliem M.
Abramowitz, Harold
Ackerman, Robert H.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Patricia C.
Adams, Raymond D.
Aisenberg, Alan C.
Akins, Carlton M.
Akins, Cary M.
Al-Awqati, Qais S.
Albright, Nile L.
Ali, Hassan H.
Allen, David W.
Alonso, Anne W.
Alpert, M. Elliot
Althausen, Alex F.
Altschule, Mark D.
Alvardado, Carlos J.
Amend, William J.C., Jr.
Ames, Adelbert, III
Anderson, Frank H.
Andrew, Norman W.
Ansari, Keyvan
Antoon, Alia Y.
Archer, Carol R.
Arees, Edward A.
Arenson, Ronald L.
Arnason, Barry G.W.
Arndt, Kenneth A.
Aronow, Saul
Aserkoff, Bernard R.
Aström, Karl E.
Athanasoulis, Christos A.
Atkins, Leonard
Aufranc, Otto E.
Aufranc, St. George T.
Ausiello, Dennis A.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Axelrod, Lloyd
Babb, Joseph D.
Baden, Howard P.
Badger, Theodore L.
Bagdasarian, Andranik
Baillieul, John B.
Bain, Jane
Baker, Ann L.S.
Baker, George P.
Baker, Myles P.
Baker, Robert J.
Baker, William H.
Balboni, Victor G.
Badessarini, Ross J.
Ballantine, H. Thomas, Jr.
Ballenger, James C.
Bandler, Bernard
Banks, Henry H.
Barker, Robert H.
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, James E.
Barrett, John P., Jr.
Barron, Kenneth
Barry, Herbert J., Jr.
Barsh, Laurence I.
Bashirelahi, Nasir
Barton, Theodore C.
Battit, George E.
Baum, Stanley
Bauman, Roger A.
Beall, Andrea W.
Bear, David M.
Beck, Clyde H., Jr.
Beck, William S.
Becker, Daniel I.
Beckman, Edwin
Beecher, Henry K.
Behringer, Glenn E.
Beierholm, Edward A.
Beisaw, Norman E.
Beiser, Morton
Bell, Eugene
Bell, Graham S.
Bello, Alexis G.
Belsey, Richard E.
Bennett, Michael J.
Bennion, Lynn J.
Bercovitch, Lionel G.
Bercu, Barry B.
Berenberg, William
Berg, Gerald R.
Berger, Alfred C.
Bernstein, Norman R.
Bernstein, Philip
Bierbaum, Benjamin E.
Billote, Juanito B.
Bird, Kenneth T.
Birnholz, Jason
Black, Paul H.
Black, Peter M.
Blacker, Edward
Bland, Edward F.
Bland, John H.L.
Blank, Irvin H.
Blessing, Katherine A.
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Bloomberg, Wilfred
Bode, Hans H.
Boland, Arthur L.
Bondoc, Conrado C.
Boos, Winifred
Borden, Spencer IV
Bost, Frederic W.

Botstein, Paula M.
Boudreau, Francis H.
Bough, Edward W.
Boyd, Robert J.
Boyer, Arthur L.
Braselton, W. Emmett
Brendze, Robert B.
Bress, Norman M.
Brewster, David C.
Briefer, Caesar, Jr.
Broadus, Arthur E.
Brockhurst, Robert J.
Brode, Marvin M.
Brons, Ronald E.
Brown, Thornton
Brownell, Gordon L.
Brownstein, Carlton S.
Bruner, John M.R.
Bruns, Romaine R.
Bucher, Nancy L.R.
Buckley, Mortimer J.
Bunting, Douglas, III
Burckhardt, Peter M.
Burk, Elizabeth A.
Burk, Peter G.
Burker, John F.
Burnett, Jean B.
Burnham, Charles A.
Burrage, Walter S.
Burstein, Nelson A.
Burtin, John R.
Burton, James H.
Bush, Richard D.
Bushnell, Leonard S.
Bustamante, Maria J.
Butler, Henry E.
Buyuk, Majid J.
Byers, Randolph K.
Cabral, Esperanza
Cahan, Leslie D.
Cahan, Lucienne A.
Campbell, Carlos C.
Caner, G. Colket
Cannon, Bradford
Cannon, Woodward
Cantu, Robert C.
Canty, Timothy G.
Caplan, Gerald
Caplan, Louis R.
Cares, Herbert L.
Carey, Robert W.
Carnes, Harold A.
Carr, John T.
Carter, Edwin L.
Carvalho, Angelina C.
Casaburi, Nicholas
Cass, John W.
Cassem, Edwin H.
Casten, Virgil G.
Castleman, Benjamin
Castronovo, Frank P., Jr.
Caudill, Estill L.
Caulfield, James B.
Cavanaugh, James J.A.
Cave, Edwin F.
Caviness, Verne S., Jr.
Chalvardjian, Ara M.
Chandler, Hugh P.
Chapin D.S.
Chapman, Earle M.
Chapman, Paul H.
Char, Devron
Chattha, Amrik S.
Chedekel, David S.
Chelmicka-Kizlich, Ewa E.
Cheng, Vincent S.
Chesler, David A.
Chesney, Carolyn
Chesney, Thomas
Chiang, Han Twu
Chiappa, Keith H.
Christman, George
Chu, Ann Maria
Churchill, W. Hallowell, Jr.
Cipolloni, Patsy B.
Civan, Mortimer M.
Civetta, Joseph M.
Clark, Mary B.
Clement, S. Preston, Jr.
Clifford, Stewart H.
Climent, Carlos E.
Cloherty, John P.
Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Max H.
Cohen, Philip
Cohen, Raquel E.
Cohen, Richard B.
Cohen, Roberta B.
Cohen, Suzanne L.
Cole, Edwin M.
Cole, Enser W., III
Cole, Philip T.
Coleman, David L.
Colman, Roberta F.
Colman, Robert B.
Confer, David B.
Connelly, John P.
Conners, C. Keith
Constable, John D.
Coons, Albert H.
Cooper, Joel D.
Cope, Oliver
Cori, Carl F.
Cornetta, William J., III
Corning, Howard B.
Corry, Robert J.
Cosgrove, Delos M.
Courey, W. Robert
Coyne, Brian J.
Crane, Neil A.
Craver, Joe M.
Crawford, Dorothy M.
Crawford, John D.
Cronk, Richard V.
Cronkhite, Leonard W. Jr.
Cronlund, Malcolm M.
Crowell, Robert M.
Crutcher, William
Cullen, David J.
Culp, Lloyd A.
Culver, Perry J.
Curd, John G.
Curren, Franklin C.
Currens, James H.
Curwen, William L.
Cutler, Bruce St. J.
Cywinski, Josef K.
Daggett, Willard M., Jr.
Dagi, Teodoro F.
Daland, Ernest M.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
Daniels, Ellen P.
Daniels, Gilbert H.
Danon, Marco
d'Autremont, Chester C.
David, John R.
Davidoff, Frank F.
Davidson, Betty A.
Davidson, Gerald E.
Davis, Fred G.
Davis, Neville J.
DeCesare, Ronald E.
Dedrick, Daniel F.
DeFriez, Albert I.C.
Deftos, Leonard J.
DeGirolami, Umberto
Delong, G. Robert
DeLuca, Salvatore
Demirijian, Zareh N.
Dent, Roger I.

Denton, Jane E.
DeSanctis, Roman W.
DeTribolet, Nicholas
DeVerter, John S.
DeWilde, Herman
Deykin, Daniel
Diaz, Jose-Luis
DiBona, Ronald R.
Dienes, Louis L.
Dierker, Louise A.
Dineen, James J.
Dinsmore, Robert E.
Dixon, Suzanne D.
Dohan, Francis C., Jr.
Dohrmann, George J.
Donaldson, Gordon A.
Donaldson, Magruder C.
Donlon, John V., Jr.
Donoff, Robert B.
Donovan, Donald D.
Dorman, John M.
Dos Santos, Maria Julia L.
Dougherty, John D.
Downing, Stephen W.
Dretler, Stephen P.
Drew, Michael A.
Dreyfuss, Jack R.
Drop, Lambertus J.
Drysdale, James W.
DuBois, Jay G.
Duda, Gerhart A.
Duncan, Gary W.
Durant, Thomas S.
Dvorak, Harold F.
Dwyer, Thomas F.
Dyer, Edward C.
Earls, Felton J., III
Eaton, S. Boyd
Ebel, Hans
Edelson, Richard L.
Eisen, Simon T.
Eisenberg, Leon
Elias, Peter M.
Ellis, Daniel S.
Ellis, Lawrence B.
Emkey, Ronald D.
Endee, Charles H.
Engel, Lewis L.
England, Albert C., Jr.
Epstein, Lawrence M.
Epstein, Michael F.
Erbe, Richard W.
Erdmann, A. John, III
Eron, Lawrence J.
Espinosa Urrutia, Jaime E.
Estes, Joseph W.
Evans, Robert E.
Evrard, Phillippe P.
Fagenholz, Samuel A.
Fahmy, Nabil R.
Fair, Paul L.
Farnham, Jack E.
Farnsworth, Dana L.
Farquhar, Barbara B.
Faulkner, James M.
Fawcett, Don W.
Federman, Daniel D.
Feingold, Murray
Feinhandler, Sherwin J.
Feldman, Charles L.
Fenichel, Robert R.
Ferrell, Robert W., Jr.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Figman, Robert J.
Finck, Albert J.
Fine, Jacob
Fine, Samuel
Finkelstein, Lawrence J.
Finseth, Frederick J.
Fisch, Alan
Fischer, C. Miller
Fischer, Edwin G.
Fischer, Josef E.
Fisher, Richard I.
Fisk, Samuel H.
Fitzhugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flanagan, Joseph M.
Flores, Aura G.
Flores-Calle, Jorge
Folkman, M. Judah
Foote, Warren E.
Forbes, Anne P.
Ford, Henry C.
Fosburg, Martin T.
Foster, Gerald S.
Fozard, James L.
Frank, Walter A.
Frankel, Freddy H.
Franklin, John Edward, Jr.
Franklin, William
Franseen, Clifford C.
Fraser, Kevin J.
Frazier, Calvin H.
Frazier, Howard S.
Freed, Curt R.
Freedberg, Irwin M.
Freedman, Harold J.
Frega, Norberto S.
Friedlich, Allan L.
Friedman, Joel
Friedman, Mathew Joel
Froese, Alison B.C.
Froese, Arthur P.
Fromer, John L.
Fujinuma, Yoshimori
Fuller, Thomas C.
Funkenstein, H. Harris
Gabel, Joseph C.
Galdabini, James J.
Gambill, John D.
Gamble, Alan A.
Ganz, Robert N.
Gardella, Joseph W.
Gardner, George E.
Gardner, Richard C.
Garg, Hari G.
Garland, Rebecca C.
Garrett, John W.D.
Gauld, A. Gordon
Geffin, Bennie
Gelenberg, Alan J.
Geller, Max
Gemer, Mordechai
Gephart, F. Thomas
Gergely, John
Gezon, Horace M.
Ghalambor, Mohammad A.
Gibbs, Richard F.
Gibson, Robert C.
Gieske, Judith P.
Gilbert, Jeffrey M.
Gimbrone, Michael A., Jr.
Gitterman, Miriam M.
Glass, David D.
Glick, Hyman
Glick, Thomas H.
Glicklich, Earl A.
Glickman, Robert M.
Glimcher, Melvin J.
Gold, Herman K.
Goldberg, Alan H.
Goldberg, Michael J.
Goldblatt, Allan
Goldfinger, Stephen E.
Goldman, Margaret B.
Goldman, Mark R.
Goldsmith, Lowell A.
Goldstein, Gary S.
Goltzman, David
Gonzales, Ernesto
Goodman, Max L.

Gordon, Robert D.
Gottlieb, Sheldon K.
Goudsouzian, Nishan G.
Gracia, Robert M.
Graze, Peter R.
Green, Thomas H., Jr.
Green, William T., Jr.
Greene, Mark H.
Greene, Reginald E.
Greenleaf, David T.
Greenquist, Alfred C.
Greenwald, Michael A.
Griesemer, Robert D.
Griffith, Donald P.
Grillo, Hermes C.
Griscom, N. Thorne
Grogan, Gordan M.
Gross, Jerome
Grossman, Jerome H.
Grove-Rasmussen, Morten
Grover, John W.
Growdon, John H.
Guggenheim, Frederick G.
Guiney, Timothy E.
Gunderson, Paul L.
Guralnick, Walter C.
Guthrie, Andres W., Jr.
Guyton, Robert A.
Haas, Melvyn L.
Habener, Joel F.
Haber, Edgar
Hackett, Thomas P.
Hadley, Terry P.
Hagopian, Peter B.
Hales, Charles A.
Hall, Stephen W.
Hallowell, Phillips
Hammond, M. Elizabeth H.
Hanaway, Joseph
Hand, Bernard R.
Hanggi, Urs J.
Hanna, Eleanor Z.
Harford, Thomas C.
Harper, Elvin
Harris, Jane E.
Harris, William H.
Harthrone, J. Warren
Harwood, Reed
Hashimoto, Ken
Haslam, Kenneth R.
Hatcher, Victor B.
Hawes, Lloyd E.
Hawk, John C.
Hayden, E. Parker
Hayden, Jay G.
Hayek, Alberto
Haynes, Harley A.
Haynes, Ormond L, Jr.
Head, John M.
Hecht, Frederick
Hedberg, Stephen E.
Hedley-Whyte, John
Helms, Charles
Helzman, Todd F.
Hendren, W. Hardy
Hendrick, Ives
Heney, Niall M.
Henneman, Elwood
Herbst, Arthur L.
Herne, Peter
Herrin, John T.
Herring, John A.
Herscovics, Annette A.
Herskovits, Joseph J.
Hicks, Robert H., Jr.
Hicks, Sonja E.
Hirsch, Martin S.
Hirshfield, Irvin N.
Hnatowich, Donald J.
Hodes, Richard J.
Hoffer, Edward P.
Hogan, Gwendolyn R.
Holder, Richmond
Hollister, Nathaniel R.
Holmes, Lewis B.
Hoop, Bernard, Jr.
Hoover, Herbert C., Jr.
Hopkins, Cyrus C.
Hoshi, Motonori
House, James M.
Howards, Stuart S.
Howe, Henry D.
Howell, Mary C.
Howell, Stephen B.
Huber, William M.
Huddleston, James I.
Hugenberger, Paul W.
Huggins, Charles E.
Humphreys, Storer P.
Huntington, Benjamin L.
Hurt, R. Wayne
Hussey, Robert W.
Hutcheson, Bellenden R.
Hutchison, David
Hutter, Adolph M., Jr.
Hyman, Vera C.
Hymoff, Richard S.
Hyslop, Newton E., Jr.
Imbembo, Anthony L.
Ingersoll, Francis M.
Irwin, John W.
Irwin, Robert J., Jr.
Isenberg, Philip L.
Ishibiki, Kyuya
Iskandar, Adly H.
Isselbacher, Kurt J.
Jackson, Bruce G.
Jacobson, Alan M.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
Jacoby, Lee B.
Jang, Guen C.
Jaros, Robert H.
Jarratt, Michael T.
Jasinska, Miroslawa T.
Javaheri, Shahrokh
Jayasankar, Subramanyan
Jeanloz, Roger, W.
Jennings, John J.
Jeroy, Harry K.
Jimbow, Kowichi
Jimenez, Roberto B.
Johnson, Eric H.
Johnson, Peter C.
Johnson, Randall E.
Johnson, Richard A.
Johnson, Richard T.
Johnson, Robert A.
Johnston, Hilary
Jones, Chester M.
Jones, William Norman
Jooste, Somarie V.
Joplin, Robert J.
Jovenich, James J.
Kaban, Leonard B.
Kahan, Barry D.
Kahan, Eileen B.
Kaiser, John S.
Kalckar, Barbara E.
Kalckar, Herman M.
Kameny, Stuart M.
Kanarck, David J.
Kandall, Carol A.
Kane, Lewis W.
Kang, Andrew H.
Kanter, Joel M.
Kaplan, Joan C.
Karassik, Steven L.
Karchmer, Adolf W.
Karian, Edward
Karimi-Nejad, Mohammad H.
Kase, Carlos S.
Katz, Nevin M.
Katz, Raymond H.
Kazanjian, Kenneth A.
Kazanjian, Voraztad H.

Kazemi, Homayoun
Keefer, Constance H.
Keenan, M. Edward
Keenan, Thomas J.
Keller, Albert R.
Keller, John W.
Keller, Robert B.
Kelley, John P.W.
Kelley, Leo T.
Kelley, Rita M.
Kelley, Sylvester B.
Kerr, Walter S., Jr.
Ketchum, William F.
Kety, Seymour S.
Keutmann, Henry T.
Kim, Jin Woo
Kim, Samuel H.
King, M. Vernon
Kinsey, Dora
Kishimoto, Yasuo
Kistler, J. Philip
Kitz, Richard J.
Kjartansson, Sigurgeir
Kjellberg, Raymond N.
Klaeveman, Hayden L.
Klerman, Gerald L.
Kliman, Bernard
Klonymus, Deborah H.
Knapp, Peter H.
Knowles, John H.
Kobayashi, Ronald M.
Koch-Weser, Jan
Kohn, Henry I.
Kolodny, Edwin H.
Kolodny, Gerald M.
Kolodny, Nancy H.
Konami, Yukiko
Kornblith, Paul L.
Kotner, Laurence M., Jr.
Krane, Stephen M.
Kranes, Alfred
Kravitz, Arthur R.
Krishnamoorthy, Kalpathy
Kronenberg, Gretchen B.
Kronenberg, Henry M.
Kubik, Charles S.
Kulka, Johannes P.
Kumar, Ajit
Kumar, Anil
Kunz, Lawrence J.
Kurman, Robert J.
Kurtz, Donald J.
Lable, Ira
Lamdin, Susanne J.
Lamont, John T.
Land, Richard E.
Lane-Brown, Malcolm M.
Langston, Charles S.
Lapey, Allen
Lappas, Demetrios G.
Laver, Myron B.
Lavorgna, John J.
Lawrence, Michael
Lawrence, Robert S.
Lawson, Dexter W.
Lazar, Gerald K.
Lazarchick, John
Lazare, Aaron
Leadbetter, Wyland F.
Leaf, Alexander
Lederman, Richard J.
Lee, Ching-Muh
Lee, Loretta D.
Lee, Michael J.
Leet, Robert K.
Lefkowitz, Robert J.
Lehrich, James R.
Leibel, Rudolph L.
Leibovich, Miguel A.
Leinbach, Robert C.
Leland, Katherine A.
Lell, William A.
Lerman, Jacob
Levant, Ronald F.
Levene, Martin B.
Lever, Walter F.
Levin, Victor A.
Levine, Barry W.
Levine, David N.
Levine, Herbert J.
Levine, Melvyn B.
Levine, Robert A.
Levovsky, Louis B.
Levy, Bernard S.
Levy, Harvey L.
Levy, Lucien M.
Lewis, Richard B.
Lichtenstein, Norman S.
Lieber, Michael M.
Liland, Astrid E.
Limkakeng, Alexander D.
Lincoln, Robert C.
Lindebaum, Barrie L.
Link, David A.
Linsenmayer, Thomas F.
Lipinski, Joseph F.
Lipworth, Leslie
Liteplo, Merrill G.
Lithwick, Norton H.
Little, John B.
Littlefield, John W.
Littlehale, Robert F.
Litwin, S. Bertrand
Livesay, Richard W.
Lloyd, John B.
Lombroso, Cesare T.
Long, Dennis S.
Long, John C.
Long, Michael C.
Lopano, Angelo J.
Lorenz, Maria
Lott, Ira T.
Love, Harry M.P.
Lowder, Stephen C.
Lowell, Francis C.
Lowell, J. Drennan
Lowis, Samuel
Lozada, Rommel G.
Ludwig, Alfred O.
Lupien, Gordon F.
Lynch, Phillip I.
Lytle, Bruce W.
Mabrey, Roy E.
MacAusland, William R., Jr.
MacDonald, Michael J.
MacDougal, Bruce A.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacKenzie, Allan D.
MacMillan, Alexander S., Jr.
Maki, Dennis G.
Malamud, Daniel F.
Maleson, Franklin G.
Mallette, Lawrence E.
Maloof, Farahe
Malt, Ronald A.
Mamen, Anitra E.
Mancini, Edwardo
Mankin, Henry J.
Mann, Walter
Mannik, John A.
Marble, Alexander
Marcus, Saul M.
Margolies, Michael N.
Mark, Eugene J.
Mark, Vernon H.
Martin, Donald B.
Masland, Richard H.
Mason, Edward A.
Mason, Priscilla C.
Masters, Richard
Matelli, George
Mathe, Aleksander
Mathewson, Herbert O.
Mathieu, Alix

Matthysse, Steven W.
May, James W., Jr.
Mayman, Chaim I.
Maynard, Edwin P., III
Mayo, Clara
McAlpine, Frederick S.
McArthur, Janet W.
McCormack, William H.
McCullough, David L.
McCullough, Nancy L.
McCully, Kilmer S.
McDermott, William V., Jr.
McElhinney, James P.
McEnany, M. Terry
McEntee, William J.
McFarlane. Ann D.
McGann, Robert C.
McGowan, Eleanor B.
McGuffin, William L., Jr.
McKenna, Paul
McKenzie, Ian F.C.
McKittrick, John B.
McLean, John D.
McNeely, William F.
McNeil, Barbara J.
McNeill, J. Malcolm
McNutt, Neil S.
McPeek, Bucknam
Medrek, Theodore F.
Meistrell, Michael L.
Menano, Horacio, R.C.
Mendelsohn, George E.
Merminod, Andre E.
Messner, Edward
Meyer, Jack E.
Micheli, Lyle J.
Michelson, Jost J.
Middleton, Anthony W., Jr.
Mignone, Robert J.
Mihm, Martin C., Jr.
Miller, Elliot V.
Miller, Janet C.
Miller, Keith W.
Miller, Lawrence M.
Miller, Stephen W.
Miller, Walter L.
Milligan, Janice E.
Mills, John A.
Mills, Lawrence J.
Milunsky, Aubrey
Miner, Richard L.
Minette, Laurence J.
Mixter, Charles G., III
Moellering, Robert C.
Mohr, Jay Preston
Momose, K. Jack
Monaco, Anthony P.
Monchik, Jack M.
Mondale, Jason E.
Moolten, Frederick L.
Moore, Francis D.
Moore, Gordon T.
Morris, Roger H.
Morrissy, Raymond T.
Morse, Frank P.
Moser, Hugo W.
Moylan, Fergus
Mueller, Harry L.
Muirhead, Donald M., Jr.
Mull, John D.
Mullin, Charles S.
Mullin, Edward M.
Mundth, Eldred D.
Murphy, John D.
Murphy, Joseph T.
Murphy, Michael D.
Murphy, Raymond L.H.
Murphy, William F.
Murray, Brian W.
Murray, Joseph E.
Murray, Michael J.
Murray, Thomas G.
Myers, Gordon S.
Myers, Harvey A.P.
Myers, Richard S.
Nadas, Alexander S.
Nahas, Roger A.
Nalebuff, Edward A.
Nardi, George L.
Nash, Andrea H.
Nash, Gerald
Nasir-ud-Din
Nathan, Louis
Neary, Joseph T.
Nebesar, Robert A.
Neel, Hartley S.
Neer, Robert M.
Neiberg, Norman A.
Nelson, Michael H.
Nemiah, John C.
Neu, Carlos A.
Neuhauser, Edward B.D.
New, Paul F.J.
Newbower, Ronald S.
Newell, John L.
Newhouse, Jeffrey H.
Nguyen, Nghia C.
Niall, Hugh D.
Nickman, Steven L.
Nimetz, Allen A.
Nixon, Daniel W.
Nobel, Kenneth W.
Noe, Joel M.
Noss, George M.
Novelline, Robert A.
Nozik, Daniel L.
O'Brien, J. Patrick
O'Connor, Joseph R.F.
Oder, Frederic E.
Ogus, Hugh D.
Oh, Woo Hwan
O'Hara, Donald S.
O'Hara, Patrick
Ohman, John L., Jr.
Ojemann, Robert G.
Okun, Milton R.
O'Leary, Daniel H.
Olivier, Normand E.
O'Malley, John E.
Onwukwe, Mbe Felix
Orr, James C.
Osborn, Lawrence W.
O'Shea, Kathleen T.
Osler, David C.
Osmond, John D., III
Oster, Martin W.
Ott, Kenneth H.
Ottinger, Leslie W.
Ouellette, Eileen M.
Owens, William D.
Ozer, Asli
Palmer, R. Sterling
Paolitto, Frank J.
Papadakis, Nikolas
Papas, Arthur N.
Parkhurst, Edward C.
Parks, Joe M.
Parrish, John A.
Parsons, Edward F.
Parsons, John Anthony
Parsons, Langdon
Passamani, Eugene R.
Patel, Dineshkumar
Patel, Mukund R.
Pathak, Madhukar A.
Patterson, Arthur K.
Pauker, Stephen G.
Pauker, Susan P.
Pearlman, Alan L.
Pease, Francis B.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Perrotto, Joseph L.
Peters, James I.

Petrovich, George
Pfister, Richard C.
Philbin, Daniel M.
Phillips, Anne W.
Phillips, Edgar B., II
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Pierson, Joseph D., Jr.
Pikula, John V.
Pinn, Vivian W.
Pitman, Susan A.W.
Pizer, Stephen M.
Plank, Charles R.
Plate, Janet M.
Platt, Mark M.
Pohost, Gerald M.
Poitras, James W.
Polansky, Burton J.
Poletti, Charles E.
Pollack, James A.
Pollard, James J.
Pollard, John T., Jr.
Pollen, Daniel A.
Pontoppidan, Henning
Popkin, Michael K.
Porter, Huntington
Poskanzer, David C.
Potts, John T.
Poulsen, Knud
Poussaint, Alvin F.
Powell, David A.
Powell, William J., Jr.
Pozatek, Zigmunt W.
Pratt, Theodore C.
Prescott, William G.
Prien, Edwin L., Jr.
Proffitt, Max R.
Proppe, Karl H.
Prout, George R., Jr.
Pugliese, Michael M.
Purves, Dale
Putschar, Walter G.J.
Pyenson, Leslie R.
Quest, Donald O.
Quinby, John T.
Quinby, Susan Van Clute
Quinby, William C., Jr.
Qvist, Jesper
Raaf, John H.
Rabe, Edward T.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Erick L.
Raggatt, Peter R.
Ragsdale, Bruce D.
Raker, John W.
Ramos, Emilio
Ramseur, Howard P.
Rao, Guntupalli, RMDV
Rao, T.D.
Rapaport, Eliezer
Rawdon, William K.
Ray, Barbara A.
Razavi, Lawrence A.
Re, Richard N.
Record, Eugene E.
Redd, William H.
Regier, Darrel A.
Reimann, Jessica E.
Reiser, Stanley J.
Remensnyder, John P., Jr.
Renner, John A.
Rever, George W.
Reyersbach, Gertrud C.
Reynolds, Stephen L.
Rice, Jack O.
Richardson, Edward P.
Richardson, George S.
Richman, David P.
Richter, Howard A.
Ricks, William B.
Ridgway, E. Chester
Ridgway, Elizabeth W.
Rie, Michael A.
Rieder, Sidney V.
Riggs, Lamar W.
Ring, Ernest J.
Ring, Robert, III
Risborough, Edward J.
Rizk-Attia, Rafik Rizk
Robbins, Laurence L.
Roberson, Glenn H.
Roberts, James T.
Robertson, Charles W.
Robey, John S.
Robinson, Dwight K.
Robinson, Esther H.
Robinson, John C.
Roblin, Richard O., III
Rock, John
Rodkey, Grant V.
Rogers, Kent E.
Rogers, William P., Jr.
Roglieri, John L.
Ropes, Marian W.
Rose, Burton D.
Rose, Stanley M.
Rosen, Raymond C.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberger, Peter B.B.
Rosenblatt, David S.
Ross, Jeffrey S.
Roth, A. David
Roth, Loren H.
Roth, Sanford I.
Rothschild, Gerard H.
Rousseau, Come
Roussel, Philippe, R.
Rowbotham, John L.
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Rubenstein, Joel J.
Rubin, Nina T.E.
Rubin, Robert H.
Rubinstein, Joel F.
Rudnick, Jeffrey P.
Ruggieri, Salvatore
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rushforth, David J.
Rutstein, David D.
Ryan, John A., Jr.
Ryan, John F.
Rydzewski, Janusz A.
Sachs, Benjamin
Sack, William H.
St. Goar, Walter T.
Salam, Maria V.Z.
Salib, Philip I.
Salvesen, Lawrence C.
Salzman, Edwin W.
Sanchez, Guillermo C.
Sanders, Charles A.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Saubermann, Albert J.
Saunders, Andrew P.
Savarese, John J.
Scannell, J. Gordon
Scardino, Peter T.
Schantz, Arthur S.
Schapiro, Robert H.
Scheuplein, Robert
Schiller, Alan L.
Schmidek, Henry H.H.
Schnapp, Betty-Jean H.
Schnur, James A.
Scholl, Mary Louise
Schulte, Mechthild G.
Schulz, Milford D.
Schuster, Samuel R.
Schwarzmann, Gunter
Schwartz, Harry C.
Schwartz, Joseph E.

Scott, Jesse F.
Scott, Mary D.
Scott, R. Michael
Scott, William R.
Scully, Hugh E.
Scully, Robert E.
Sears, John B.
Sedlack, Robert S.
Segre, Gino V.
Selden, Richard
Seldin, Edward B.
Selinger, Samuel L.
Sellers, Edward M.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Serge, Jessica M.
Settle, Wayne L.
Sewall, Warren
Sewell, Jack B.
Shafritz, David A.
Shah, Narendra C.
Shahani, Bhagwan T.
Shahidi, Masoud
Shangraw, Keith A.
Shannon, Daniel C.
Shannon, W. Allen, Jr.
Shapiro, Stuart H.
Sharp, Geoffrey W.G.
Shattuck, George C.
Shaw, Daniel
Shaw, Katherine A.
Shay, Norbert J.
Shea, Cornelius
Shea, Stephen M.
Shea, William D.
Sheffer, Albert L.
Shershaw, John C.
Sheskey, Michael C.
Shields, Laurence T.
Shih, Vivian
Shipley, William U.
Shore, Neil S.
Short, Charles L.
Shrivastav, Brij B.
Shumaker, Jay B.
Sidman, Murray
Siegert, Herbert C.
Sifneos, Peter E.
Simmons, Alvin
Simon, Sheldon
Simpson, Paul C., Jr.
Sinesi, Sabino J.
Singer, Frederick R.
Singer, Jeroham
Singer, Kenneth M.
Sisson, John H.
Sites, Vincent R.
Skinner, James C.
Skinner, Mary D.
Slater, Eve E.
Sledge, Clement B.
Sleeper, Edward L.
Sloane, Robert E.
Sloane, Robert W., Jr.
Sloss, Laurence J.
Smedley, Lois M.
Smith, Gene M.
Smith, Richard M.
Smith, Robert S.
Smith, Thomas W.
Smitherman, Thomas C.
Snodgrass, Samuel R.
Snyder, John C.
Sohier, W. Davies, Jr.
Solarzano, Oscar
Soler-Montesinos, Lorenzo C.
Solomon, Earl G.
Solomon, Harry C.
Soloway, Albert H.
Sosman, John L.
Souder, Daniel E.
Spagnolo, Samuel V.
Spangler, Arthur S.
Speare, George S.
Spellman, John W.
Sperber, Michael A.
Spiegel, Allen M.
Spillane, John B.
Spinelli, Ralph W.
Squires, Homer J.
Stadecker, Miguel J.
Stathakos, Dimistri
Stavrolpoulos, Athena
Stead, Nancy W.
Steinbaum, Lola S.
Stephenson, Mary L.
Stevens, Janice R.
Stevens, Rose Marie
Stewart, David R.
Stewart, Robert M.
Stewart, Thomas D.
Stifler, Richard B.
Stillner, Verner
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Lawrence B.
Strieder, Denise J.
Strole, William E., Jr.
Strosberg, Arthur D.
Stulberg, S. David
Sturgis, Somers H.
Sugano, Hiroshi
Sugarbaker, Everett V.
Sugita, Mutsumi
Suit, Herman D.
Sujatanond, Manit
Sullivan, Francis J.
Sullivan, Philip R.
Sultanoff, Barry A.
Sun, Edward R.
Sundaram, Pennathur
Surman, Owen S.
Susman, Morris H.
Sutphen, John H.
Swan, Charles L., Jr.
Swartz, Morton N.
Sweet, Roger H.
Sweet, William H.
Sweetland, Ralph C.
Symonds, Daniel A.
Szabo, George
Szyfelbein, Stanislaw
Szyfelbein, Wanda
Taft, Edgar B.
Taft, Priscilla D.
Takacs, Frank A.
Talamo, Richard C.
Talbot, Nathan B.
Tanae, Hidetsugu
Tanaka, Kay
Tardiff, Kenneth J.
Tarlov, Edward
Tasto, James P.
Taveras, Juan M.
Tawil, Hilda
Taylor, Eric A.
Taylor, Joseph H., Jr.
Tefft, Melvin
Thebaut, Ben R., Jr.
Thomas, John Charles
Thomas, Stephen J.
Thorndike, Janet
Tilley, Robert F.
Timberlake, William H.
Tkacz, Jan St.
Tobias, Michael A.
Todd, Donald P.
Todres, Israel D.
Tofield, Joshua J.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Tonnesen, Alan S.
Toole, Bryan P.

Torch, William C.
Touchette, Paul E.
Tractenberg, Howard A.
Traig, Alain L.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trevett, Laurence D.
Trucco, Marcelo B.
Truman, John T.
Tsutsumi, Hiroshi
Tucker, Walter I.
Turner, Robert C.
Turner, Roderick H.
Twarog, Francis J.
Ulfelder, Howard
Umlas, Joel
Vaage, Jan
Vancura, Pavel
Vander Salm, Thomas J.
Vanderveen, Janes
Van Rietschoten, Jurphaas
van Urk, Hero
Vanvroonhoven, Theo J.
Varma, Surendra K.
Vasquez-Amory, Ernesto
Vaughan, Milton C.
Veits, Harold R.
Velho, Laurence F.
Verma, Ishwar C.
Vickery, Austin L., Jr.
Villalba-Pimentel, Luis C.
Villanueva, Jose S.
Vitug, Antonio J.
Vogel, Albert V.
Von Pohl, Joachim W.
Wainer, Robert A.
Waitzkin, Evelyn D.
Walker, Evelyne
Walker, William A.
Wallace, James W.
Wallace, Lynn
Wallace, Mary Jean
Walther, David F.
Waltin, Jerieta
Waltman, Arthur C.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ward, Harold W., Jr.
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Washington, James E., Jr.
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waugh, Nancy C.
Waxman, Bruce A.
Webb, Susanne S.
Weber, Alfred L.
Webster, Edward W.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinshilboum, Richard M.
Weinstein, Allan J.
Weinstein, Louis
Weintraub, Bruce D.
Weintraub, Ronald M.
Weir, Gordon C.
Weiser, Milton M.
Weisfeldt, Myron L.
Weisman, Avery D.
Weiss, Alfred D.
Weiss, Mark A.
Welch, Claude E.
Welch, John P.
Wells, Lionelle D.
Wellum, Glyn R.
Wepsic, James G.
Wesley, John R.
Westerfield, Larry H.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
White, James C.
White, Paul D.
Whiting, Richard G.
Whitlow, Dennis R.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willerson, James T.
Williams, Beverly J.
Williams, Christine L.
Williams, Conger
Williams, Harold W., Jr.
Williams, Melvin W.
Williams, Robert C.
Williams, Roger S,
Williams, Vernon P.
Williams, Willis H.
Wilson, Roger S.
Winickoff, Richard N.
Winkler, Gerald F.
Winn, Henry J.
Wipfelder, Rosemarie
Wirthlin, LeRoy S.
Wirtz-Peitz, Ferdinand
Wittenberg, Jack
Wold, Jens K.
Wolpow, Edward R.
Woo, Sybil Wong
Wood, Lawrence C.
Wood, William C.
Woodruff, Lorande M.
Worden, J. William
Wray, Shirley H.
Wulfson, Howard D.
Wyman, Edwin T., Jr.
Yakovlev, Paul I.
Yankauer, Alfred
Yano, Mitsuo
Yett, Harris S.
Yoshikawa, Hideyasu
Youn, Chang H.
Young, D. Michael
Young, Hugh H., II
Young, Neal S.
Young, Robert R.
Yurchak, Peter M.
Zach, Michael B.
Zacharias, Leona
Zaidenberg, Marta H.
Zamecnik, Paul C.
Zapol, Warren M.
Zarins, Bertram
Zavisca, Frank G.
Zervas, Nicholas T.
Zielke, H. Ronald
Zieper, Irving
Zimbler, Seymour
Zisook, Sidney
Zwillich, Clifford W.

Braintree
Boerstling, Herbert

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Fischer, Beverly R.
Flynn, Robert E.
Godleski, John J.
O'Brien, Richard G.

Brockton
Baker, Edward P., Jr.
Chase, John S.
Dickersin, G. Richard
Duncombe, Alfred L.
Mixter, Charles G., Jr.
Potsaid, Majic S.
Zavarine, Richard

Brookline
Berger, Samuel
Bernstein, Philip
Beuscher, William F.

Bogoch, Samuel
Bridges, Charles P.
Brownsberger, Carl N.
Burgin, Leo B.
Chalpin, George
Cline, Herbert S.
Cohen, M. Michael
Darling, R. Clement
Davies, John A.V.
Doonan, James M.
Duncan, William C., III
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Kahana, Eda M.
Kris, Kathryn B.
Levin, Sidney
Linton, Robert R.
Mittel, Neuman S.
Mushatt, Cecil
Pajari, Karen L.
Peters, John H.
Potter, Maxwell G.
Prather, George C.
Quarton, Gardner C.
Rhodes, Frank I.
Schatzki, Stefan C.
Silverman, Samuel
Sisson, Warren R.
Smith, Judson A.
Sturgis, George P.
Thomas, William H.
Villee, Dorothy B.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Burlington
Kenzora, John E.

Buzzards Bay
Derow, Sidney

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Amick, Arthur, F.
Balch, Franklin G., Jr.
Bales, Robert F.
Benda, Clemens E.
Benger, Carl A.L.
Bock, Arlie V.
Brazelton, T. Berry
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Catlin, Randolph, Jr.
Coles, Martin R.
Coolidge, John C.
Damon, Albert
Decker, Briant L.
Deutsch, Helene
Drier, Theodore, Jr.
Eisenberg, Carola B.
Evans, Robley D.
Everett, Henry C., III
Field, Mark G.
Frank, Thomas
Garrison, Penelope K.
Gordon, John E.
Hardy, Harriet
Harley, Barbara M.
Hubbard, Eliot, Jr.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Lees, Robert S.
Levey, Bernard
Liebowitz, Stanley
Linnell, Zenos M.
Lorch, Stephen
Mann, Robert W.
Mason, James G.
Matz, Myron H.
Merrill, Edward W.
Mogielnicki, Robert P.
Moses, John M.
Mukherjee, Mukunda D.
Palmer, Don
Paul, Igor L.
Pechet, Maurice M.
Pendergrass, Henry P.
Pierce, Chester M.
Point, W. Warren
Porter, Philip J.
Postel, Sholem
Reid, Elizabeth A.
Reinhold, Vernon
Richie, Robert H., Jr.
Ross, Ralph A.
Sharpe, William, Jr.
Shelton, William R.
Stanbury, John B.
Stone, Alan A.
Tingey, William H., Jr.
Toll, Karen van Syckel
Townsend, James H.
Wacks, Jerry
Weinberger, Jerome L.
Weiss, Ruth S.
Wohl, Martin J.
Woods, Bryan T.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zinberg, Norman E.

Carlisle
Haendel, Frank

Charlestown
Allukian, Myron, Jr.
Connelly, John P.
Dyer, Edward C.
Fajardo, Luis F.
Frankel, Jerold M.
Goldstein, Gary S.
Katz, Raymond H.
Leet, Robert K.
Murphy, Joseph T.
Sachs, Benjamin
Sack, William H.
Simmons, Alvin

Chelsea
Gibson, James M.

Chestnut Hill
Benedict, Edward B.
Benedict, Patricia H.
Daniels, Edward M.
Garland, Joseph
Hoeffel, Gerald N.
Livingstone, John B.
Lund, Charles C.
Simon, Harold
Thorndike, Augustus
Werner, Olga S.

Cohasset
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Fay, Gardner F.
Giandes, Shepard C.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hoover, Terrance D.
Keuper, Charles S.
Norton, Paul L.
Soutter, Lamar
Toomey, Edward G.
Whitfield, Thomas J., III

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Essember, Lawrence J.
Fearer, Nathan H.
Hagopian, Peter B.
Jones, Wallace A.
Patton, Anthony S.
Thornton, Clarence E.
Zargaj, Tomislav

Dartmouth
Hamlin, Edward, Jr.

Dedham
Bartlett, Marshall K.
Chute, Richard
Osborne, Robert K.
Putnam, Henry M.
Rectanus, Daniel R.
Sweetnam, George H.

Dorchester
Dempsey, Peter A.
Isé, Carolyne

Dover
Clowes, George H.A., Jr.
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.
Phillips, Fredric J.

East Falmouth
Steel, David

Edgartown
Mazer, Milton
Miller, Carroll C.

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Miller, Abbott R.
Spencer, Jack

Falmouth
Bixby, H. Irving
Sowles, Horace K.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Singhas, Richard E.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.
Rosenberg, Bruce M.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harding
Cserr, Robert

Harwich Port
Hoyt, W. Fenn

Hathorne
Conboy, Edward A.

Hingham
Eldredge, LeRoy L., Jr.

Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.

Jamaica Plain
Dickson, William A.
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Green, David L.
Luongo, Michael A.
Ream, John R., Jr.
Tracy, David M.

Lawrence
Fowler, Joseph W., III
Holihan, Joseph R.
O'Shea, James A.

Leominster
Wheeler, Charles A.

Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Joseph, Alfred T.
Petersen, James A.

Lincoln
Keevil, Charles S., Jr.
Murphy, Ruth

Longmeadow
Hopkins, Frederick S.
Hurston, Lewis L.
Lewis, James
Plotkin, Leonard H.

Lowell
Grant, George J.M.
Letsou, Vasilios G.

Lynn
Connolly, Thomas F.
Cooperman, Sheldon
Sarris, Speros P.
Slater, Eliot M.
Taggart, F. Howard, Jr.

Lynnfield
Newhall, Harvey F.

Malden
Garrey, Walter E.

Manchester
Fremont-Smith, Maurice

Marblehead
d'Elseaux, Frank C.
Goldfein, Michael L.
Hopkins, Stanford W.
Kimball, Peter G.
Suby, Howard I.

Marblehead Neck
Smithwich, Reginald H.

Mattapoisett
Empson, Dora R.

Medford
Eliot, Christopher R.

Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Osgood, Herman A.
Rich, James G.
Thorp, Edward G.

Menemsha
Reisinger, Keith S.

Milton
DeLorme, Thomas L.
Driscoll, Robert A.
McGrath, Edward F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina

Natick
Hanelin, Joseph

Needham
Goldman, Gerald C.
Forget, Bernard G.

Martin, Albert R.
Vanderpol, Maurice

New Bedford
Kadish, Sidney P.
Tripp, Curtis C.

Newburyport
Bullard, Carlton W.

Newton
Adler, Morris H.
Chasen, Mignon C.
Cion, Maurice C.
Cope, Stuart
Dierks, Marianne
Hoffer, Alex
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.
Moncure, Ashby C.
Park, Kyung M.
Roser, Steven M.

Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Barbara C.
Mueller, Egbert H.
Pohl, Marc A.
Rutherford, Rondall W.

Newton Highlands
Brailey, Allen G.

Newton Lower Falls
Garcelon, Gerald C.
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.

Newtonville
Thoma, Kurt H.

Norfolk
Yatsuhashi, Masao

North Adams
Urmy, Thomas Van O.

Northampton
Averill, James H.
Tatlock, Hugh

North Andover
Rogers, Horatio
Wallwork, David W.

North Reading
Scanlon, John W.

Norwell
Kearsley, Richard B.
Mayo, Richard A.

Oak Bluffs
Claydon, Charles T.

Peabody
Lurie, Arthur S.

Plymouth
Haggart, G. Edmund
Hamilton, Harold H.

Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David

Randolph
Moore, Robert F.

Reading
O'Connor, Harrison

Rockport
Heath, Clark W.

Roslindale
Linethal, Arthur J.

Roxbury
Kulka, Johannes P.
Moore, Michael J.

Salem
Brennan, Charles G.
Conway, Richard E.
Kaulbach, Maximiliaan G.
Polansky, Symon C.
Shannon, James M.
Thompson, Richard
Winer, Richard A.

Scituate
Joseph, John B.

Somerville
Patel, Dineshkumar

South Dartmouth
Higgins Robert B.

South Duxbury
Shirley, J. Newton
Whiskin, Frederick

South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.

Springfield
Carson, Parker C.
Derby, Joseph P.
Franseen, Elmer F.
Hayes, Donald R.
Williams, David W.
Zacarian, Setrag A.

Stockbridge
Kimberly, Charles H.

Stoneham
Mueller, H. Peter

Stoughton
Sullivan, William H.

Sudbury
Adelson, William J.
John, F. George

Swampscott
Mayo, Frederick B.

Vineyard Haven
Butler, Allan M.

Waban
Beuscher, Ruth B.
Gallagher, Francis P.
Green, Sidney
Olin, Harry S.

Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.

Waltham
Agranat, Barry J.
Barber, Doris E.
Bauman, Margaret L.
Djordjevic, Zvonirir V.
Dooling, Elizabeth
Edelstein, Leon M.
Fleming, T. Corwin
Friedman, Robert B.
Haessler, Herbert A.
Hardy, Irad B.
Holmes, Joseph A.
Kanfer, Julian N.
Kety, Josephine G.
Noble, John J., Jr.
Shulman, Leonard B.
Simmel, Marianne L.

Wareham
Lincoln, James R.

Watertown
Simmons, Barry P.

Wayland
Holland, Jerome T.
Leff, Robert
Yellen, Martin

Wellesley
Flanagan, Norris B.
O'Connell, Francis D.
O'Sullivan, Renee B.

Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Cohen, John M.
Gill, Peter L.

Parker, Jack S.
Pfeffer, William, Jr.
Reidy, John A.
Simmons, David P.
Sinor, Myron
Stempien, J. Henry
Zeller, John W.

Wenham
O'Keefe, Dennis D.
Rogers, Daniel M.

West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.

West Harwich
Carney, Henry J.

West Newton
Berezin, Martin A.
Jenney, Peter B.
Marmor, Jane B.

Weston
Choras, Peter T.
Clark, John G., Jr.
Duffy, Raymond J.
Moreton, John R.
Rolde, Alexandra
Swan, Channing S.

West Roxbury
Littman, David
McGovern, Joseph J.M., Jr.
Sarahara, Arthur A.

Westwood
Taylor, John B.
Trivus, Robert H.

Williamstown
Reynolds, George S.

Winchester
Annino, Donald J.
Goodman, Derek J.
Gross, Brian H.
Kaufman, M. Ralph
Kermond, William L.
Marks, George A.
Poss, Robert I.
Rendall, Edward S.

Woods Hole
Egloff, Frank R.L.

Worcester
Benedict, Karl T., Jr.
Burrow, Jarrell G.
Carmody, John T.B.
Damiani, C. Robert
Duggan, John A.
Glueck, Michael A.
Harper, Robert S.
Howard, Paul M.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Ravera, John
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

Yarmouth Port
Anderson, Elroy E.

MICHIGAN

Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Arnstein, A. Robert
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
Blodgett, William H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Pointe
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Livonia
Larson, Ronald R.

Saranac
Faust, Lawrence W.

MINNESOTA

Golden Valley
Hakala, Thomas R.

Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
McKhann, Charles F.
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang

Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Ramirez-Lassepas, Manuel
Randall, Raymond V.

MISSISSIPPI

Holly Springs
Young, Thomas K.

Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI

Chesterfield
Stephens, William A.

Clayton
Volpe, Joseph J.

Kansas City
Dann, David S.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

Kirkwood
Gaston, Lamont W.

St. Joseph
McDaniel John R.
Riddell, Richard U.

St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.

Feingin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Jamison, Rex L.
Lehman, Ralph A.W.
Lytton, William B.
Majerus, Philip W.
Maughs, Sidney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Shuter, Eli R.
Strauss, Arthur E.
Vagelos, Pindaros R.

Trenton
Fuson, W. Arthur

NEBRASKA

Omaha
Bisgard, James D.
Luikart, Ralph H.
Owen, Pere A.

NEVADA

Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

NEW HAMPSHIRE

Concord
Mintz, E. Ross

Dover
Wilson, Robert F.

Durham
Watson, Richard H.

Exeter
Curtin, Richard R.
Heyl, James T.

Greenville
Hitchcock, James

Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Sox, Harold C., Jr.
Staples, O. Sherwin, Jr.

Jaffrey
McKittrick, Leland S.

Jaffrey Center
Millard, D. Glynn

Keene
Ash, Homer L.
Gregory, Harold E.

Laconia
Baker, William J.

Lancaster
Strayer, Luther M., Jr.

Manchester
Bienvenu, Lester J.
Colokathis, Paul P.
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.

Nashua
Sturdevant, Charles L.

Newbury
Fish, James E.

North Conway
Pippitt, Richard B.

Orford
Hall, Marshall G.

Peterborough
Watkins, Arthur L.

Portsmouth
Piper, Edmund L.

Rindge
Wolterbeek, Jacob C.

Seabrook Beach
D'urso, John J.

Sunapee
Dickson, Carol C.

NEW JERSEY

Bloomfield
Hobson, Lawrence

Boonton
Ward, Albert J.

Elizabeth
Gorman, Rosemary V.

Englewood Cliffs
Roberts, Charles D.

Fort Dix
Southmayd, William W.

Glen Ridge
D'Alessandro, Genesio L

Hightstown
Munro, Jeanette

Madison
Diehl, Sylvia D.

Milford
Geiger, Ronald H.

Monmouth Beach
Brewster, William R., Jr.

Montclair
Greene, Robert G.

Newark
Schaaf, Royal S.

New Brunswick
Kuhn, William G., Jr.

Paterson
Van Eerde, Albert

Pittsford
Moore, William R.

Princeton
Dalrymple, Willard
Levey, Raphael H.
Rothberg, Harvey D., Jr.

Sea Bright
Grogian, Virginia

Short Hills
Willetts, Arthur T.

Shrewsbury
Judd, Alvan B.

Springfield
Wosnitzer, Morey

Trenton
Rosenthal, Albert L.

Union City
Civantos, Francisco

Washington
Horwitz, William H.

Willingboro
Molind, Samuel E.

NEW MEXICO

Albuquerque
Adler, Scott
Cihak, Robert J.
Kinney, Robert J.
Means, Paul H.
Mora, Federico
Parnall, Edward
Williams, Ralph Co., Jr.

Los Alamos
Grier, Robert S.

NEW YORK

APO
Dehner, Gerard A.
Dunbar, Ronald W.
Mason, John W.

Albany
Holt, William L., Jr.
Thomas, Wilbur A.

Bath
Traver, Ralph F.

Bronx
Abramowicz, Mark
Barondes, Samuel H.
Birger, Daniel
Bobroff, Lewis M.
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Trieger, Norman
Ulick, Stanley C.
Wohl, Herbert

Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C.B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.

Cooperstown
Hatfield, Philip M.
McIver, Monroe A.
Sahler, Otto DeP.

Delmar
Berg, Howard W.

Glens Falls
Batt, Richard C.

Hollis
Stearns, Thornton

Irvington
Brooks, Leslie

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L. Gannon

Larchmont
Haralambie, James Q.

Little Neck, Long Island
Wenig, Martin

Manhasset, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.

Mechanicville
Ryan, James P.

Mount Morris
Judd, James M.

New Hartford
Millet, J. Bradford

New York City
Anderson, William H.
Baddock, Sheldon S.
Bowden, Lemuel
Carroll, Robert E.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Goldblatt, Myron E.
Grant, Lester H.
Hayek, Joseph V.
Heffron, Roderick
Henley, Thomas F.
Hirschman, Shalom Z.
Johnson, Louis F.
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Malcolm, John A.
Malkin, Richard B.
Metcalf, Kenneth M.
Moore, Burness E.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Pollock, Edward J.
Quan, Stuart H.Q.
Rovit, Richard L.
Schulman, Joseph D.
Schultz, James S.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Squire, Lucy F.
Steinman, Ralph M.
Stenger, Richard J.
Tenney, Vivian
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Yount, William J.

North Tarrytown
Thompson, Walter A.

Pelham
McHugh, Paul R.

Pittsford
Stetson, John B.

Plattsburgh
Barton, Lyman G., Jr.

Poughkeepsie
Bedell, Wallace C.
Keeley, James K.

Rochester
Allison, Charles R.
Anderson, Esna G.
Boller, Charles
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Hall, Thomas C.
Jones, Robert H.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.

Roslyn Estates
Bonomo, Gregory R.

Scarsdale
Epstein, Ervin H., Jr.
Hammond, William
Lipman, Marvin
Newman, Herbert A.
Seed, John C.

Schenectady
Rogers, William A.

Syracuse
Dunn, Edward
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.

Troy
Talin, John J.

Upton
Cotzias, George C.
Dahl, Lewis K.

Utica
Case, Clarke T.
Knapp, Robert G., Jr.
Watertown
George, H. Louis, Jr.
Woodbury
Charash, Leon J.

NORTH CAROLINA
Asheville
Morrison, Roger W.
Neville, Charles W., Jr.
Cary
Godleski, John J.
Chapel Hill
Barnett, Thomas B.
Becker, Lewis C.
Burnett, Charles H.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lassiter, William E.
Lawrence, John S.
Lawrence, Robert S.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Preston, Edwin T.
Rogers, Mark C.
Rolett, Ellis L.
Sparling, P. Frederick
Taylor, Isaac M.
Charlotte
Brenizer, Addison G., Jr.
Elliot, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Pearse, Richard L.
Peete, William P.J.
Reeves, Robert J.
Rygorsky, Jerome E.
Fort Bragg
Fisher, Morris A.
Hershberg, Robert A.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Morganton
Vernon, James T.
Raleigh
Gada, Preston H.
Manly, Isaac U.
Rhodes, John S.
Wooten, E. Jane H.
Worth, Thomas C.
Young, David A.
Southern Pines
Arrowood, Julia G.
McMillan, Robert M.
Wilmington
Graham, Charles P.
Winston-Salem
Bostic, William C., III
Conrad, Elizabeth

NORTH DAKOTA
Minot
Wolf, Laurence E.

OHIO
Akron
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Canton
Morgan, Winfield S.
Scott, Murray W., Jr.
Cincinnati
Acheson, George H.
Berke, Raymond A.
Block, Gordon L.
Friedberg, Joseph A.
Gall, Edward A.
Glueck, Charles J.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Wibbelsman, Charles J.

Cleveland
Badal, Daniel W.
Banker, Betty Q.
Brodkey, Jerald S.
Burton, Richard I.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Jefferies, William McK.
Kendrick, James I.
Miller, James G.
Normann, Nils
Pearson, Olaf H.
Rhinelander, Frederic
Ryan, Kenneth J.
Weir, David R.
Cleveland Heights
Baumgartner, Donavin A., Jr.
Glover, Donald M.
Columbus
Ellis, Effie O.
Garrett, John C.
George, Jack M.
Haynes, Walter M.
Heggie, John F.
Heros, Roberto C.
Dayton
Flook, Samuel E.
Hockwalk, W. Richard
Kornfield, Michael A.
North Canton
Shipley, Margaret S.
Oberlin
Warner, John H., Jr.
Toledo
Ludwig, George D.
Wooster
Jackson, Lee
Yellow Springs
Bouton, Brian
Youngstown
Coombs, Frederick S.

OKLAHOMA
Ardmore
Schuler, James D.
Muskogee
Fite, E. Halsell
Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.
Talihina
Atherton, Stephen O.
Tulsa
Steele, Byron W., Jr.

OREGON
Arch Cape
Rockey, Eugene W.
Corvallis
Steele, Robert E., Jr.

Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas
Portland
Baker, Russell L.
Boyden, Allen M.
Dittmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Whittsmore, James P.

PENNSYLVANIA
Ardmore
Sampson, D. Allen
Bangor
Cascario, Nicholas, Jr.
Bethlehem
Ferguson, James J., Jr.
Leister, Claude M.
Stewart, William G., Jr.
Danville
Heath, Robert D.
Erie
Monohan, John J.
Gwynedd
Stoddard, James K.
Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Hershey
Burnside, John W.
Gentzler, Richard D., II
Vesell, Elliot S.
Hookstown
Bayer, Frank L.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion Station
Murphy, Grace L.
Narberth
O'Brien, Charles P., Jr.
Philadelphia
Bornstein, Donald L.
Carter, James R., Jr.
Dohan, F. Curtis
Field, Richard A.
Fisher, Mary S.
Flazman, B. Alan
Gabuzda, Thomas G.
Gardner, Laurence B.
Harris, Jerry L.
Johnson, Dale G.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Miller, Cynthia A.
Montgomery, Hugh
Nicholson, Jesse T.
Peltz, William L.
Perrin, George M.
Petersen, Robert Ole
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Saac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Thier, Samuel O.
Vaughan, Victor C., III
Waxman, Herbert S.
Willens, John S.
Wood, Howard P.
Zacks, Sumner I.
Zinninger, George F.
Phoenixville
Herndon, James H.
Pittsburgh
Chang, Wallace H.J.
Dwyer, John H.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
Lewis, Michael B.
McLaughlin, William B.
Mesaros, Maire A.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III
Rosemont
Ming, Si-Chun
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
West Chester
Kimura, Kazuo K.
Wyalusing
Lowd, Harry M., Jr.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.

RHODE ISLAND
Newport
Crowley, William F.
Pawtucket
Kilgore, Thomas B.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hairabet, John K.
Hamlin, Hannibal
Hopkins, Robert W.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Scott, H. Denman
Simeone, Fliorindo A.
Sinclair, Edmond B.
Shorn, John O.
Troppoli, Daniel V.
Urbaniak, Henry S., Jr.
Wu, Alain S.
Rumford
Hogan, John F.
Warwick
Aaronson, Leory D.
Madden, Edwin J.

SOUTH CAROLINA
Beaufort
Wheeler, William F., Jr.
Charleston
Paul, John R., Jr.
Summerall, Charles P., III
Talbert, Oliver R.
Columbia
Theus, Walter W.

SOUTH DAKOTA
Parkston
Hilgenberg, Alan D.
Sioux Falls
Barlow, John F.

TENNESSEE
Big Spring
Warren, Charles F.
Chattanooga
Ballard, Fred B., Jr.
Spalding, Robert

Franklin
Youmans, John B.
Johnson City
Brindley, Clyde O.
Kingsport
Malloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Nobles, Eugene R., Jr.
Raines, Richard B.
Shaw, John L.
Stern, Neuton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Eisenberg, Ronald L.
Hall, Hugh D.
Lee, John M.
Newman, Elliott V.
Smith, Marion L.
Smith, Ralphael F.
Oak Ridge
Ruley, Henry B.

TEXAS
Austin
Kriesle, James E.
Winkler, John J.
Carswell Air Force Base
Backman, John H.
Dallas
Binion, John T.
Coggeshall, Howard C.
Giles, Robert B., Jr.
Harrington, John T., Jr.
Helgeson, Norman G.P.
Jenkins, Charles K.
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Rose, Patrick F.
Schneiderman, R. Neal
Siperstein, Marvin D.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, James T.
Williams, Oscar B., Jr.
Denison
Freeman, Don W.
El Paso
Duritz, Gilbert
Fort Worth
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.
Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Keats, Arthur S.
Kennedy, John H.
Owen, William R.
Platt, Melvin R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
Mc Allen
Evans, Sheridan S.
Odessa
Williams, J. Richard, Jr.
San Antonio
Aldredge, Horatio R., III
Aldredge, Kay F.
Asher, Marc A.
Broennle, A. Michael
Cosimi, A. Benedict
Foley, F. Daniel
Seals, John R.
Thompson, Milton S., Jr.
Wishner, Stanley H.

UTAH
Ogden
Keyes, Gale H.
Perkins, Arthur
Orem
Burton, David A.
Salt Lake City
Christensen, William R.
Clark, Lincoln D.
Hebertson, Wayne M.
Nelson, Russell M.
Nielsen, Talmadge W.
Rodman, Charles A., II
Temple, Anthony R.
Young, Clark

VERMONT
Barre
Buttles, Roy V.
Bennington
Baker, Dudley M.
Giddings, W. Philip
Brattleboro
Glick, John L.
Sharpe, J. Douglass
Tompkins, J. Butler
Burlington
Bell, John F.
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.
Enosburg Falls
O'Shea, Clare M.
St. Johnsbury
Morrison, Harvey R.
Shelburne
Bowen, Charles R.
Lowell, William H., Jr.
West Townshend
Folsom, Hugh F.
White River Junction
Anthonisen, Niels L.
Crandell, Walter B.

VIRGINIA
Alexandria
Collins, Richard
Lewis, John L., Jr.
Lotz, Myron
Arlington
Detwiler, Robert H.
Dunkman, W. Bruce
Ormandy, Laszlo
Charlottesville
Murad, Ferid
O'Brien, William M.
Parson, William
Swineford, Oscar, Jr.
Wood, J. Edwin
Falls Church
Quindlen, Eugene A.
Soper, Michael R.
Fort Belvoir
Briggs, Burton A.
Fort Eustis
Marsland, David W.
Irvington
Wescott, Henry H.
Mc Lean
Bridge, Edward M.
Worthington, Michael G.

Richmond
Adams, Raymond A.
Blades, James F.
Callison, James R.
Goodale, Fairfield, Jr.
James G. Watson, III
Jones, Basil B.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell, E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Williams, G. Melville
Wright, R. Lewis
Roanoke
Glendy, Margaret M.
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.
Williamsburg
Jones, Thomas B.

WASHINGTON
Bellevue
Milam, Daniel F.
Bellingham
Watts, Arthur B.
Issaquah
Compton, David W.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bell, John W.
Brown, Norman K.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Goldstein, Joseph L.
Greene, Martin L.
Lawrence, G. Hugh
Lurie, Hugh J.
MacMahon, Charles E.
Monnik, Mart
Mansfield, Peter B.
McCollum, Richard G.
Odland, George F.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Wimberger, Herbert C.
Spokane
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.
Yakima
Mathieu, Thomas J.

WEST VIRGINIA
Alderson
Hopkins, Robert P.
Beckley
Klingensmith, Walter E.
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.
Stewart, William C.
Fairmont
Shaffer, Frederick G.
Morgantown
Shaffer, Hubert A.
South Charleston
Steele, James L.
Wheeling
Duffy, Raymond J.
Weiler, Howard G.

WISCONSIN
Elm Grove
Schmidt, Robert A.
La Crosse
Gundersen, A. Erik
Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Hayden, John W.
Shealy, C. Norman
Tompkins, Douglas G.

Madison
Albright, Edwin C.
Gordon, Edgar S.
Hopkins, Charles E.
Hur, Su-Ryong
Javid, Manucher
McClung, John L.
Osborn, June E.
Struble, Robert A.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Lazarus, Herbert R.
Schneider, Chester C.
Princeton
Mueller, Gustave C.E.

WYOMING
Cheyenne
Kind, Henry A.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

ARGENTINA
Buenos Aires
Bordone, Lilia E.

AUSTRALIA
Camperdown
Atkinson, Kenneth H.
Glenelg East
Morley, Helen R.
Medindie
McCoy, William T.
Parkville
Morris, Peter J.
Sydney
Slater, Barbara L.

AUSTRIA
Linz
Necek, Stanislaw K.

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. deQ.
Sao Paulo
Barretto, Oscar deF.

CANADA
Aylmer
McKay, Wilfred W.
Calgary
Walker, Robert H.
Edmonton
Colpitts, Grant E.
Huckell, John R.
Halifax
Marshall, Clyde S.
Hamilton
Fine, Stuart H.

Kitchener
Tallon, John B.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley
Londonderry
MacKinnon, Roderick
Montreal
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Greisman, John J.
Hogg, James C.
Johnson, Louis G.
Kabin, David S.
Lipowski, Zbignieu J.
Robillard, Raymond L.
Shannon, James L.
Shugar, Joseph L.
Taguchi, Kenneth
Thurlbeck. William M.
Olds
Burland, George R.
St. Johns
Holt, Charles L.
Scarborough
Melvin, William J.S.
Toronto
Gardiner, William J.
Harris, W. Robert
McIlroy, William J.
Michalska, Irene K.
Ritchie, Alexander C.
Simone, Andrew A.
Verney, Thomas R.
Vancouver
Bell, Michael H.
Victoria
Aranas, Arturo L.
Winnipeg
Adamson, Gilbert L.
Carmona, Robert A.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Hellerup
Anderson, Erik W.
Copenhagen
Ibsen, Bjorn
Probst, Jan-Henrik

EAST PAKISTAN
Dacca
Klaus, Hanna

ENGLAND
Birmingham
Trethowan, William H.
London
Leigh, A. Denis
Sahay, Bal M.
Tow, Peter M.
Mill Hill
Raff, Martin C.
Southampton
Hammond, Graeme L.

FRANCE
Lyon
Michel, Albert J.D.

GERMANY
Hamburg
Falke, Konrad
Miller, Alfred E.
Munich
Harder, Hans J.
Huppe, Justin R.
Pinnell, Sheldon R.

GREECE
Athens
Arzimanoglu, Anthony A.
Zaouussis, Alexander L.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

HAITI
Port-au-Prince
May, Harold L.

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Ludhiana
Wysham, Donald N.
New Delhi
Pant, Shyam S.
Singh, Madan M.
Tandon, Rajendra

IRAN
Shiraz
Esmaili, Mohammad H.
Tehran
Saidi, Farrokh

IRELAND
Belfast
Gibson, John G.
Dublin
Guiney, Edward J.
Mayo
Loftus, James G.

ISRAEL
Rehovoth
Ronat, Judith G.
Tel-Aviv
Geller, Eran
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso
Naples
Amati, Jacqueline M.

JAPAN
Tokyo
Suwa, Jurrio
Yokoyama, Mitsuo M.
Tottori
Okagaki, Takashi

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid A.
Wilson, John L.

MEXICO
Aguascalientes
Ramirez-Acosta, Javier A.
Mexico City
Santacruz, Abraham M.

NETHERLANDS
Amsterdam
Donner, Reynout
Jarrett, Fredric
Rotterdam
Greep, Jacobus M.

NEW ZEALAND
Dunedin
Blennerhassett, John B.

NIGERIA
Ibadan
Bohrer, Stanley P.
Lagos
Baldwin, Wayne E.

PERU
Lima
de Mola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

REPUBLIC OF THE CONGO
Leopoldville
Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Johannesburg
Saffer, S. David

SCOTLAND
Glasgow
Mital, Mohinder A.

SWITZERLAND
Basel
Hugin, Werner
Geneva
Mach, Bernard F.
Müller, Alex T.

THAILAND
Bangkok
Stewart, Michael M.

TURKEY
Istanbul
Yenel, Faruk M.

UGANDA
Kampala
Kanverezi, Bwogi R.

FORMS OF LEGACIES

A. An Unrestricted Legacy

"I give The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of . . . . . and shall be known as the . . . . . Fund."

Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.